Form Approved

OMB No. 0920-0952

Exp. 12/31/2015

**State and Community Awardee** **Project Director/Project Coordinator Needs Assessment**

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0952).

**Staff Needs Assessment**

The purpose of this assessment is to help your organization identify strengths and areas of potential growth regarding your ability to support the implementation of this project. This assessment is aligned with the key components of this project and requests information on your organizational background, partnerships, community mobilization, evidence-based programs, training and technical assistance for program implementation, contraceptive services for youth, educating stakeholders, and cultural competence and diversity.

Please respond to only those sections that apply to your project role. Please answer as honestly as possible. Results from this assessment will be used by CDC and the five funded National Organizations to develop a targeted training and technical assistance plan for your organization.

Thank you for your candor in completing this important assessment.

**Section I. Individual Information**

1. **Please select your organization.**

|  |  |
| --- | --- |
|  | Alabama Department of Public Health |
|  | Adolescent Pregnancy Prevention Campaign of North Carolina |
|  | Family Planning Council |
|  | Fund for Public Health New York |
|  | Georgia Campaign for Adolescent Pregnancy Prevention Campaign |
|  | City of Hartford |
|  | Massachusetts Alliance on Teen Pregnancy |
|  | SC Campaign |
|  | University of Texas Health Science Center at San Antonio |

**2. Which of the following describes your role/title?** (*select all that apply*)

|  |  |
| --- | --- |
|  | Project Director |
|  | Project Coordinator |
|  | Clinical technical assistance provider |
|  | Program technical assistance provider |
|  | Youth leadership team coordinator |
|  | Evaluator |
|  | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**3. For how many years have you held your position?**

|  |  |
| --- | --- |
|  | < 2 years |
|  | 3-5 years |
|  | > 5 years |

**4. For how many years have you worked in teen pregnancy prevention?**

|  |  |
| --- | --- |
|  | < 2 years |
|  | 3-5 years |
|  | > 5 years |

**5. For how many years has your organization worked to prevent teen pregnancy?**

|  |  |
| --- | --- |
|  | < 2 years |
|  | 3-5 years |
|  | > 5 years |

**6. How many hourly or salaried personnel in your organization work on this teen pregnancy prevention cooperative agreement?**

|  |  |
| --- | --- |
| Full time personnel | |
|  | 1-3 full time individuals |
|  | 4-5 full time individuals |
|  | 5-7 full time individuals |
|  | >7 full time individuals |
| Part time personnel | |
|  | 1-3 part time individuals |
|  | 4-5 part time individuals |
|  | 5-7 part time individuals |
|  | >7 part time individuals |

**7. How many external consultants do you use on this cooperative agreement?**

|  |  |
| --- | --- |
|  | 0 external consultants |
|  | 1 external consultants |
|  | 2 external consultants |
|  | > 2 external consultants |

**8. What topic area(s) do the external consultant(s) cover?**

|  |  |
| --- | --- |
|  | Topic area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Topic area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Topic area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Topic area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

9. Does your organization routinely do the following?

|  |  |  |
| --- | --- | --- |
| **Skill set** | **Yes** | **No** |
| Use logic models in planning the organization’s projects |  |  |
| Use adult learning theory or other applicable theory to enhance TA and training effectiveness |  |  |
| Monitor its program activities (e.g., who and how many you serve, quality assurance) |  |  |
| Evaluate program outcomes |  |  |

**Section II: Partnerships**

**Core Partner Leadership Team (CPLT)**

**10. How many times did your CPLT meet in the past year?**

|  |  |
| --- | --- |
|  | 1-2 times |
|  | 3-4 times |
|  | 5-6 times |
|  | 7-8 times |
|  | 9-10 times |
|  | > 10 times |

**11. How many people serve on the CPLT?**

|  |  |
| --- | --- |
|  | < 5 people |
|  | 5-10 people |
|  | 11-15 people |
|  | 16-20 people |
|  | 21-25 people |
|  | > 25 people |

**12. Please indicate each group that is represented on the CPLT.**

|  |  |
| --- | --- |
|  | Local school board |
|  | Local department of health |
|  | Funders |
|  | Foundations |
|  | Elected officials |
|  | Teen pregnancy prevention program implementers (with MOU/MOA) |
|  | Health service providers (with MOU/MOA) |
|  | Teen pregnancy prevention program implementers (without MOU/MOA) |
|  | Health service providers (without MOU/MOA) |
|  | Other (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**13. Does your CPLT include diversity in the following characteristics?**

|  |  |  |
| --- | --- | --- |
| **Skill set** | **Yes** | **No** |
| Gender |  |  |
| Age |  |  |
| Race/ethnicity |  |  |
| Geographic location in the community |  |  |
| Type of organization (e.g., schools, governmental, community-based) |  |  |
| Other characteristic (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**14. Please describe any current gaps in CPLT membership. Which members and roles you still would like to add to your group?**

|  |  |
| --- | --- |
|  | Local school board |
|  | Local department of health |
|  | Funders |
|  | Foundations |
|  | Elected officials |
|  | Teen pregnancy prevention program implementers (with MOU/MOA) |
|  | Health service providers (with MOU/MOA) |
|  | Teen pregnancy prevention program implementers (without MOU/MOA) |
|  | Health service providers (without MOU/MOA) |
|  | Other (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**15. Please describe any successes your organization has had in engaging key stakeholder groups in the CPLT.**

|  |
| --- |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**16. Please describe any challenges your organization has had in engaging key stakeholder groups in the CPLT.**

|  |
| --- |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Community Action Team (CAT)**

**17. How many times did your CAT meet in the past year?**

|  |  |
| --- | --- |
|  | 1-2 times |
|  | 3-4 times |
|  | 5-6 times |
|  | 7-8 times |
|  | 9-10 times |
|  | > 10 times |

**18. How many people serve on the CAT?**

|  |  |
| --- | --- |
|  | < 5 people |
|  | 5-10 people |
|  | 11-15 people |
|  | 16-20 people |
|  | 21-25 people |
|  | > 25 people |

**19. Please indicate each group that is represented on the CPLT.**

|  |  |
| --- | --- |
|  | Public sector |
|  | Nonprofit sector |
|  | Business sector |
|  | Health services (e.g., providers for adolescents) |
|  | Education (e.g., school board, PTA, teachers) |
|  | School and mental health services |
|  | Minority health groups |
|  | Juvenile justice |
|  | Media members or those with media access |
|  | Parents |
|  | Youth from the Youth Leadership Team |
|  | Religious leaders |
|  | Researchers |
|  | Civic leaders and public servants |
|  | Neighbors |
|  | Representatives from funding organizations |
|  | Service organization members (e.g., Kiwanis, Rotary, sororities and fraternities) |
|  | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**20. Does your CAT include diversity in the following characteristics?**

|  |  |  |
| --- | --- | --- |
| **Skill set** | **Yes** | **No** |
| Gender |  |  |
| Age |  |  |
| Race/ethnicity |  |  |
| Geographic location in the community |  |  |
| Type of organization (e.g., schools, governmental, community-based) |  |  |
| Other characteristic (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**21. Please describe any current gaps in CAT membership. Which members and roles you still would like to add to your group?**

|  |  |
| --- | --- |
|  | Public sector |
|  | Nonprofit sector |
|  | Business sector |
|  | Health services (e.g., providers for adolescents) |
|  | Education (e.g., school board, PTA, teachers) |
|  | School and mental health services |
|  | Minority health groups |
|  | Juvenile justice |
|  | Media members or those with media access |
|  | Parents |
|  | Youth from the Youth Leadership Team |
|  | Religious leaders |
|  | Researchers |
|  | Civic leaders and public servants |
|  | Neighbors |
|  | Representatives from funding organizations |
|  | Service organization members (e.g., Kiwanis, Rotary, sororities and fraternities) |
|  | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**22. Please describe any successes your organization has had in engaging key stakeholder groups in the CAT.**

|  |
| --- |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**23. Please describe any challenges your organization has had in engaging key stakeholder groups in the CAT.**

|  |
| --- |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Youth Leadership Team (YLT)***

**24. How many times did your YLT meet in the past year?**

|  |  |
| --- | --- |
|  | 1-2 times |
|  | 3-4 times |
|  | 5-6 times |
|  | 7-8 times |
|  | 9-10 times |
|  | > 10 times |

**25. How many people serve on the CAT?**

|  |  |
| --- | --- |
|  | < 5 people |
|  | 5-10 people |
|  | 11-15 people |
|  | 16-20 people |
|  | 21-25 people |
|  | > 25 people |

**26. Have you taken steps to assess whether the group represents the diversity of youth in your community?**

|  |  |
| --- | --- |
|  | Yes (*please describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | No |

**27. Please indicate which of the following groups of youth are represented on your YLT.**

|  |  |
| --- | --- |
|  | Youth younger than 15 |
|  | Youth aged 15-17 years |
|  | Youth aged 18-19 years |
|  | Youth older than 19 years |
|  | Out of school youth |
|  | Youth in post-secondary institutions |
|  | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**28. Please describe any successes your organization has had in involving youth in the YLT.**

|  |
| --- |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Success (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**29. Please describe any challenges your organization has had in involving key youth in the YLT.**

|  |
| --- |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Challenge (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section III. Community Mobilization**

**30. Do you lead organizational efforts to work with community partners (e.g., core partner leadership team) in developing action plans and implementing community initiatives?**

|  |  |
| --- | --- |
|  | Yes, please continue to question 31 |
|  | No, please skip to question 33, page 10 |

**31. Please indicate whether you received training on certain topics related to leading/facilitating collaborative community wide efforts. Formal training refers to planned teaching of standard knowledge and/or skills related to specific capacities.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skill set** | **Never** | **< 2 years** | **3-5 years** | **> 5 years** |
| Conducting a comprehensive community needs and asset assessment in support of TPP |  |  |  |  |
| A theoretical justification for community mobilization in support of TPP |  |  |  |  |
| Developing a long-range community mobilization plan |  |  |  |  |
| Identifying and recruiting participants for a Core Partner Leadership Team |  |  |  |  |
| Identifying and recruiting participants for a Community Action Team |  |  |  |  |
| Identifying and recruiting participants for a Youth Leadership Team |  |  |  |  |
| Supporting community participants to develop TPP goals and identify strategies to address them |  |  |  |  |
| Preparing for possible opposition to TPP within communities |  |  |  |  |
| Identifying strategies for long-term sustainability of TPP activities within communities |  |  |  |  |
| Supporting community team members to evaluate their mobilization efforts |  |  |  |  |

**32. How confident are you in your ability to lead a community group through the following activities?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill set** | **Not at all Confident**  **1** | **2** | **Somewhat Confident**  **3** | **4** | **Extremely Confident**  **5** |
| Conducting a comprehensive community needs and asset assessment in support of TPP |  |  |  |  |  |
| A theoretical justification for community mobilization in support of TPP |  |  |  |  |  |
| Developing a long-range community mobilization plan |  |  |  |  |  |
| Identifying and recruiting participants for a Core Partner Leadership Team |  |  |  |  |  |
| Identifying and recruiting participants for a Community Action Team |  |  |  |  |  |
| Identifying and recruiting participants for a Youth Leadership Team |  |  |  |  |  |
| Supporting community participants to develop TPP goals and identify strategies to address them |  |  |  |  |  |
| Preparing for possible opposition to TPP within communities |  |  |  |  |  |
| Identifying strategies for long-term sustainability of TPP activities within communities |  |  |  |  |  |
| Supporting community team members to evaluate their mobilization efforts |  |  |  |  |  |

**33. Do you lead organizational efforts to facilitate one or more of the 3 partnership groups (i.e., Core Partner Leadership Team, Community Action Team, or Youth Leadership Team)?**

|  |  |
| --- | --- |
|  | Yes, please continue to question 34 |
|  | No, please skip to question 37, page 11 |

**34. With which of the three groups you are involved as a facilitator/group leader?** (*please select all that apply*)

|  |  |
| --- | --- |
|  | Core partner leadership team |
|  | Community action team |
|  | Youth leadership team |

**35. How confident are you in your ability to do the following activities?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill set** | **Not at all Confident**  **1** | **2** | **Somewhat Confident**  **3** | **4** | **Extremely Confident**  **5** |
| Facilitate the goal setting process within your project team to achieve community mobilization in support of TPP |  |  |  |  |  |
| Work within your project team to identify, recruit and retain the best “mix” of persons for your community teams |  |  |  |  |  |
| Work within your project team to help community teams establish their legitimacy as spokespersons for TPP within their communities |  |  |  |  |  |
| Work within your project team to help community teams rally support for TPP within their communities |  |  |  |  |  |
| Work within your project team to evaluate the functioning of the community teams to achieve their goals |  |  |  |  |  |

**Section IV. Contraceptive Services for Youth**

**36. Has your organization completed an assessment that has served to identify and describe the components of the health care delivery system in your target community?**

|  |  |
| --- | --- |
|  | Yes   1. Methods used to complete assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Assessment start/end date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | No |
|  | Planned   1. Methods to complete assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Anticipated start/end date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | In process   1. Methods used to complete assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Anticipated start/end date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**37. Does your Core Partner Leadership team (CPLT) or Community Action Team (CAT) include professionals from the community with expertise in the following areas?**

|  |  |  |
| --- | --- | --- |
| **Group** | **Yes** | **No** |
| Adolescent Contraceptive and Reproductive Health |  |  |
| Health Care Reform |  |  |
| Health Care Financing |  |  |

**38. Please indicate which of the following health care delivery settings you have an MOU with.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Setting** | **Yes, with**  **MOU** | **Yes, without**  **MOU** | **No** |
| Family Medicine Practice |  |  |  |
| Adolescent Health Practice |  |  |  |
| Private Ob/Gyn Practice |  |  |  |
| Public funded family planning clinics |  |  |  |
| Hospital-based Health Centers |  |  |  |
| Mobile Health Units |  |  |  |
| Health Department Clinics |  |  |  |
| Community Health Centers |  |  |  |
| School Based Health Centers |  |  |  |
| School Linked Health Centers |  |  |  |
| Other (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**39. Please indicate whether your organization has an established referral network to link youth to reproductive health services. Referral refers to any mechanism or medium that directs clients to care. Referral sources may include friends, family members, Internet sources, schools, as well as linkage partner organizations/agencies/institutions.**

|  |  |
| --- | --- |
|  | Yes we have an established network |
|  | Yes, we developed a network for this initiative |
|  | No |
|  | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**40. Please indicate which of the following steps you took to develop this referral network. Please select all that apply.**

|  |  |
| --- | --- |
|  | Identified reproductive health service providers/clinics in the community |
|  | Assessed the capacity and quality of reproductive health service providers/clinics |
|  | Contacted those reproductive health service providers/clinics identified as appropriate for meeting program goals/objectives |
|  | Developed agreements with these reproductive health service providers/clinics on processes for referring youth to services |
|  | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**41. Does your community-wide initiative have a resource for youth that describes available reproductive health services in your target community? Please select all that apply.**

|  |  |
| --- | --- |
|  | Yes, a website |
|  | Yes, a pamphlet |
|  | Yes, a call center |
|  | Yes, other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Planned |
|  | In process of developing |

**42. Does your organization have a referral network in place to help direct providers of adolescent services in your community to providers of reproductive health services?**

|  |  |
| --- | --- |
|  | Yes |
|  | No, please skip to question 46 |
|  | Planned |
|  | In process |

**43. Please indicate which of the following steps you took to develop your referral network.** **Please select all that apply.**

|  |  |
| --- | --- |
|  | Identified youth-serving organizations/centers in community |
|  | Assessed the capacity and quality of youth-serving organizations/centers |
|  | Contacted those organizations/centers identified as appropriate for meeting program goals/objectives |
|  | Developed agreements with these organizations/centers on processes for referring youth to services |
|  | Developed agreements with these organizations/centers on how to track referrals made and referrals resulting in receipt of care |
|  | Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**44. Please indicate which of the following groups you involved in the development of your referral network.**

|  |  |
| --- | --- |
|  | Community Partner Team |
|  | Community Advisory Team |
|  | Youth Leaders Team |
|  | Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**45. Please select the institutions that you have partnered with to build a sustainable source of support for clinical partners in your community. Please select all that apply.**

|  |  |
| --- | --- |
|  | American Academy of Pediatrics |
|  | American Academy of Pediatrics Section on Adolescent Health |
|  | American Academy of Family Physicians |
|  | Society for Adolescent Health and Medicine |
|  | American Congress of Obstetricians and Gynecologists |
|  | Federally Qualified Health Center Health Disparities Collaborative |
|  | State Office of Minority Health Initiatives |
|  | Public Health Associations |
|  | Practice-based Research Networks |

**46. Has your organization identified any of the following groups of youth?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Group** | **Yes** | **No** | **Planned** | **In progress** |
| Foster youth |  |  |  |  |
| Youth relying primarily on ER for care |  |  |  |  |
| Youth enrolled in Medicaid but who have not received preventative care |  |  |  |  |
| Uninsured youth |  |  |  |  |
| Undocumented immigrant youth |  |  |  |  |
| Youth not enrolled in school |  |  |  |  |
| Youth participating in EBIs |  |  |  |  |
| Non-English speaking youth |  |  |  |  |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

**47. Have you identified organizations that serve the above groups of youth?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Planned |
|  | In process |

**48. Have you supported the development of Linkage Agreements between the youth serving organizations and reproductive health providers? Linkage refers to a formal partnership between community organizations, agencies, or other institutions (which may include but are not limited to health centers, schools, and churches). The partnership is formalized through a written agreement (e.g., a MOU) that clearly defines how partners will share resources and services related to teen pregnancy prevention.**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Planned |
|  | In process |

**49. Have you completed an assessment of attitudes and beliefs related to youth access to contraceptive and reproductive health care without parental consent for the following community members?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Group** | **Yes** | **No** | **Planned** | **In progress** |
| Parents/Caregivers |  |  |  |  |
| Youth |  |  |  |  |
| Health care providers |  |  |  |  |
| School nurses |  |  |  |  |
| Teachers |  |  |  |  |
| School administrators |  |  |  |  |
| Local government officials |  |  |  |  |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

**50. Have you completed an assessment of attitudes and beliefs about youth and utilization of highly reliable contraception (IUD and Implants) among the following community members?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Group** | **Yes** | **No** | **Planned** | **In progress** |
| Parents/Caregivers |  |  |  |  |
| Youth |  |  |  |  |
| Health care providers |  |  |  |  |
| School nurses |  |  |  |  |
| Teachers |  |  |  |  |
| School administrators |  |  |  |  |
| Local government officials |  |  |  |  |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

**51. Please indicate whether or not your organization has provided technical assistance or training in the past 2 years to health center partners on utilizing the following performance improvement tools and methods.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Group** | **Yes** | **No** | **Planned** | **In progress** |
| Conducting Clinical Provider Practice Assessment |  |  |  |  |
| Analyzing and Sharing Provider Practice Assessment Results with Health Center |  |  |  |  |
| Conducting a Work Flow Analysis (ie: Process Mapping, Mapping Steps in Visit) |  |  |  |  |
| Examining Capacity of Health Center to Serve Clients (ie: examine current number of clients served compared to staff FTE’s) |  |  |  |  |
| Examining and Re-aligning Staff Roles/Responsibilities to Increase Access to Contraceptive and Reproductive Health Care (ie: Task Shifting, scope of practice) |  |  |  |  |
| Examining Patient Appointment Scheduling Practices (ie: Appointment No Show Rates, Appointment Types, Appointment Framework) |  |  |  |  |
| Conducting a Health Center Walk Through |  |  |  |  |
| Using the IHI Model for Improvement to define and establish a performance improvement project |  |  |  |  |
| Using the Plan Do Study Act (PDSA) method to test small changes to improve health center performance |  |  |  |  |
| Developing a Work Plan (CQI Plan) to Improve Access to Contraceptive and Reproductive Health Care for Adolescents Using Information from the Clinical Provider Assessment |  |  |  |  |
| Establishing a set of performance measures related to the health center improvement plan and data systems and tools to support collection and analysis of relevant data |  |  |  |  |
| Facilitating and supporting the collection and analysis of performance measurement data |  |  |  |  |
| Facilitating the development of a health center improvement team |  |  |  |  |
| Facilitating and supporting health center improvement team meetings |  |  |  |  |
| Designing and running a collaborative among health center partners |  |  |  |  |
| Examining health center billing and reimbursement practices to support efforts to ensure fiscal sustainability of health center operations and maximize third party revenue opportunities |  |  |  |  |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

**Section VI. Contraceptive Services for Youth**

**52.** **Do you lead organizational efforts to provide training and technical assistance to clinic partners as part of the Teen Pregnancy Prevention project?**

|  |  |
| --- | --- |
|  | Yes, please continue to question 54 |
|  | No, please skip to question 54, page 18 |

**53. Please indicate whether you have received formal training and the time frame in which the formal training on certain topics related to reproductive health services was received. Formal training refers to planned teaching of standard knowledge and/or skills related to specific capacities.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skill set** | **Never** | **< 2 years** | **3-5 years** | **> 5 years** |
| The use of the Quick Start Method for dispensing hormonal contraception to adolescents |  |  |  |  |
| The use of the Quick Start Methods for dispensing IUDs |  |  |  |  |
| Pap smear guidelines for adolescents |  |  |  |  |
| Healthcare delivery system budgeting |  |  |  |  |
| Business planning including maximizing coding, billing, and reimbursement strategies |  |  |  |  |
| Coding confidentiality in billing for adolescent reproductive health services |  |  |  |  |
| Work flow processes for patient visits |  |  |  |  |
| Health care delivery systems productivity standards |  |  |  |  |
| Appointment scheduling practices |  |  |  |  |
| Contraceptive methods for adolescents |  |  |  |  |
| Performance improvement or quality improvement methodologies |  |  |  |  |
| Performance measurement |  |  |  |  |
| Strategies for supporting time-alone between a provider and an adolescent client |  |  |  |  |
| Strategies for supporting confidentiality in the delivery of contraceptive and reproductive services for adolescents |  |  |  |  |
| Addressing social determinants of health in the clinical setting |  |  |  |  |
| Male sexual and reproductive health services |  |  |  |  |

**54.** **How knowledgeable are you about each of the following?**

| **Skill set** | **Not at all**  **1** | **2** | **Somewhat**  **3** | **4** | **Extremely**  **5** |
| --- | --- | --- | --- | --- | --- |
| Intrauterine devices (IUDs) |  |  |  |  |  |
| 1. Efficacy |  |  |  |  |  |
| 1. Costs |  |  |  |  |  |
| 1. Side effects |  |  |  |  |  |
| 1. Dispensing procedures |  |  |  |  |  |
| Contraceptive implant (Implanon) |  |  |  |  |  |
| 1. Efficacy |  |  |  |  |  |
| 1. Costs |  |  |  |  |  |
| 1. Side effects |  |  |  |  |  |
| 1. Dispensing procedures |  |  |  |  |  |
| Injectable contraception (Depo-provera) |  |  |  |  |  |
| 1. Efficacy |  |  |  |  |  |
| 1. Costs |  |  |  |  |  |
| 1. Side effects |  |  |  |  |  |
| 1. Dispensing procedures |  |  |  |  |  |
| Birth control pills |  |  |  |  |  |
| 1. Efficacy |  |  |  |  |  |
| 1. Costs |  |  |  |  |  |
| 1. Side effects |  |  |  |  |  |
| 1. Dispensing procedures |  |  |  |  |  |
| Emergency contraception |  |  |  |  |  |
| 1. Efficacy |  |  |  |  |  |
| 1. Costs |  |  |  |  |  |
| 1. Side effects |  |  |  |  |  |
| 1. Dispensing procedures |  |  |  |  |  |
| Male condoms |  |  |  |  |  |
| 1. Efficacy |  |  |  |  |  |
| 1. Costs |  |  |  |  |  |
| 1. Side effects |  |  |  |  |  |
| 1. Dispensing procedures |  |  |  |  |  |
| Female condoms |  |  |  |  |  |
| 1. Efficacy |  |  |  |  |  |
| 1. Costs |  |  |  |  |  |
| 1. Side effects |  |  |  |  |  |
| 1. Dispensing procedures |  |  |  |  |  |
| Other methods (**please list**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| 1. Efficacy |  |  |  |  |  |
| 1. Costs |  |  |  |  |  |
| 1. Side effects |  |  |  |  |  |
| 1. Dispensing procedures |  |  |  |  |  |

**SECTION V -Educating Stakeholders**

**55. Has your organization conducted an assessment of knowledge regarding evidence-based teen pregnancy prevention strategies for any of the following stakeholder groups?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Yes, formal assessment** | **Yes, informal assessment** | **No** |
| Adolescents |  |  |  |
| Parents |  |  |  |
| Local youth serving coalitions or task forces |  |  |  |
| Local organizations that directly serve youth |  |  |  |
| Local organizations that serve underserved or at-risk youth (e.g., juvenile justice, juvenile court, welfare agency) |  |  |  |
| Postsecondary educators/leadership (e.g., community colleges, colleges) |  |  |  |
| K12 school educators/leadership |  |  |  |
| Local school board |  |  |  |
| Health care providers/clinics |  |  |  |
| Local/County Health Department |  |  |  |
| Funders, such as community foundations |  |  |  |
| Members of the media |  |  |  |
| Faith-based leaders |  |  |  |
| Community organizations such as voluntary civic organizations |  |  |  |
| Members of the business community |  |  |  |
| Policymakers at the local level |  |  |  |
| Mayor |  |  |  |
| Regional youth serving organizations |  |  |  |
| State youth serving organizations |  |  |  |
| Title XX directors |  |  |  |
| Title X directors |  |  |  |
| Title V directors |  |  |  |
| State Education Agency |  |  |  |
| State Health Department |  |  |  |
| State Human Service Agency |  |  |  |
| State Medicaid directors/officials |  |  |  |
| Legislators at the state or local level |  |  |  |
| Other policymakers in state or local government |  |  |  |
| Governor |  |  |  |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**56. To which types of key stakeholders have you disseminated information on teen pregnancy prevention in the past 12 months? Please select all that apply.**

|  |  |
| --- | --- |
|  | **Group** |
|  | Adolescents |
|  | Parents |
|  | Local youth serving coalitions or task forces |
|  | Local organizations that directly serve youth |
|  | Local organizations that serve underserved or at-risk youth (e.g., juvenile justice, juvenile court, welfare agency) |
|  | Postsecondary educators/leadership (e.g., community colleges, colleges) |
|  | K12 school educators/leadership |
|  | Local school board |
|  | Health care providers/clinics |
|  | Local/County Health Department |
|  | Funders, such as community foundations |
|  | Members of the media |
|  | Faith-based leaders |
|  | Community organizations such as voluntary civic organizations |
|  | Members of the business community |
|  | Policymakers at the local level |
|  | Mayor |
|  | Regional youth serving organizations |
|  | State youth serving organizations |
|  | Title XX directors |
|  | Title X directors |
|  | Title V directors |
|  | State Education Agency |
|  | State Health Department |
|  | State Human Service Agency |
|  | State Medicaid directors/officials |
|  | Legislators at the state or local level |
|  | Other policymakers in state or local government |
|  | Governor |
|  | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**57. Which of the following methods have you used during the last 12 months to disseminate information on teen pregnancy prevention? Please check all that apply.**

|  |  |
| --- | --- |
|  | **Group** |
|  | Contact with local media |
|  | Issued press releases |
|  | Distributed fact sheets, reports, or journal articles on TPP |
|  | Offered an electronic newsletter with information on TPP |
|  | Regularly published a printed newsletter that highlights TPP |
|  | Held an annual conference that included TPP |
|  | Held meetings, roundtables, or symposia related to TPP |
|  | Used social media (e.g., Twitter, Facebook) |
|  | Held briefings on your program |
|  | Hosted a site visit |
|  | Provided latest scientific information |
|  | Reported on a community needs assessment |
|  | Responded to questions and requests for information |
|  | Testified (if invited to a hearing) |
|  | Told a story about how your program impacted a member of the community |
|  | Given an award |
|  | Other (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**58. Do any of your core partners maintain a website that includes information on the community wide initiative?**

|  |  |
| --- | --- |
|  | Yes (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | No |

**59. Does your organization currently have (or do you expect to have) a dedicated person besides the Executive Director who will focus on educating stakeholders (i.e., community leaders, parents, and other constituents) about relevant evidence-based and/or evidence-informed strategies to reduce teen pregnancy and data on needs and resources in the target communities?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**60. Do you have a system in place for when controversial or unexpected issues arise, to prepare spokespeople within your organization to publicly respond in a timely manner?**

|  |  |
| --- | --- |
|  | Yes |
|  | No, please skip to question 63, page 22 |

**61. How confident are you that the plan mentioned in question 61 will be successful?**

|  |  |
| --- | --- |
|  | **Confidence Level** |
|  | 1 - Very confident |
|  | 2 - |
|  | 3 - Somewhat confident |
|  | 4 - |
|  | 5- Not at all confident |

**SECTION V. Educating Stakeholders**

**62. Do you lead/co-lead organizational efforts to educate stakeholders in your community?**

|  |  |
| --- | --- |
|  | Yes, please continue to question 64 |
|  | No, please skip to question 67, page 23 |

**63. How knowledgeable are you about each of the following?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill set** | **Not at all**  **1** | **2** | **Somewhat**  **3** | **4** | **Extremely**  **5** |
| How to identify important stakeholders in your community |  |  |  |  |  |
| How to determine your target audiences for stakeholder education |  |  |  |  |  |
| How to determine goals and objectives and an action plan for stakeholder education using data from your community needs assessment |  |  |  |  |  |
| Methods for raising awareness of your community-wide initiative |  |  |  |  |  |
| How to educate on statistics and trends in teen pregnancy, by age and race/ethnicity and for special populations |  |  |  |  |  |
| Methods for educating on evidence-based and/or evidence-informed strategies to reduce teen pregnancy and data on needs and resources in target communities |  |  |  |  |  |
| Methods for crisis communication and managing controversy |  |  |  |  |  |

**64. How confident are you in your ability to conduct the following activities?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill set** | **Not at all Confident**  **1** | **2** | **Somewhat Confident**  **3** | **4** | **Extremely Confident**  **5** |
| Identify important stakeholders in your community |  |  |  |  |  |
| Determine your target audiences for stakeholder education |  |  |  |  |  |
| Determine goals and objectives and an action plan for stakeholder education using data from your community needs assessment |  |  |  |  |  |
| Raise awareness of your community-wide initiative |  |  |  |  |  |
| Educate on evidence-based and/or evidence-informed strategies to reduce teen pregnancy and data on needs and resources in target communities |  |  |  |  |  |
| Manage controversy through communication techniques/strategies |  |  |  |  |  |

**65. What resources or tools would increase your capacity to work with stakeholders in your community?**

|  |  |
| --- | --- |
|  | Specific talking points |
|  | Additional training |
|  | Resources and fact sheets |
|  | Individual technical assistance |
|  | Other (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION VI. Working with Diverse Communities**

**66. Please indicate how often your organization does the following activities.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill set** | **Never**  **1** | **2** | **Sometimes**  **3** | **4** | **Often**  **5** |
| Technical assistance and training activities are routinely and systematically reviewed to enhance delivery the culturally competent practices and strategies |  |  |  |  |  |
| Input from community members reflective of cultural composition is actively sought and utilized when assessing need for technical assistance and consultation. |  |  |  |  |  |
| Efforts are made to involve consultants who have knowledge of and experience with the cultural groups receiving technical assistance or consultation. |  |  |  |  |  |
| Representatives of diverse cultures are actively sought to participate in the planning and implementation of training activities. |  |  |  |  |  |
| Representatives of the diverse cultures are actively sought to participate in the planning of outreach activities. Training curriculum, materials, and activities are systematically evaluated to determine if they achieve cultural competence. |  |  |  |  |  |
| Learning opportunities to enhance staff understanding of diverse cultures of community youth (i.e. attitudes toward disability, LGBTQ youth, cultural beliefs and values, and health, spiritual, and religious practices) are provided. |  |  |  |  |  |

**67. Please indicate the extent to which the following are consistent with your current project’s practices.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill set** | **Not at all**  **1** | **2** | **Somewhat**  **3** | **4** | **Great Extent**  **5** |
| Representatives of ethnic communities actively incorporate their knowledge and experience in organizational planning |  |  |  |  |  |
| Supports involvement with and/or utilization of the resources of regional and/or national forums that promote cultural competence. |  |  |  |  |  |
| Personnel recruitment, hiring, and retention practices reflect the goal to achieve ethnic diversity and cultural competence. |  |  |  |  |  |
| Resources are in place to support initial and ongoing training for personnel to develop cultural competence. |  |  |  |  |  |
| Fiscal resources are available to support translation and interpretation services. |  |  |  |  |  |

**68. Do you lead/co-lead organizational efforts for working with diverse communities?**

|  |  |
| --- | --- |
|  | Yes, please continue to question 70 |
|  | No, please skip to question 72, page 25 |

**69. How knowledgeable are you regarding each of the following topics?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Topic** | **Not at all**  **1** | **2** | **Somewhat**  **3** | **4** | **Extremely**  **5** |
| Health equity |  |  |  |  |  |
| Health disparities |  |  |  |  |  |
| Social determinants of health |  |  |  |  |  |
| Frameworks for examining and addressing social determinants of health |  |  |  |  |  |
| Cultural competency |  |  |  |  |  |
| Strategies for engaging marginalized youth (i.e. foster care, homeless, GLBTQ) in teen pregnancy prevention efforts |  |  |  |  |  |
| Strategies for engaging non-traditional partners (i.e. business leaders, social service agencies) in teen pregnancy prevention efforts |  |  |  |  |  |

**70. How confident do you feel about providing technical assistance or training to individuals in your community around the following areas?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill set** | **Not at all Confident**  **1** | **2** | **Somewhat Confident**  **3** | **4** | **Extremely Confident**  **5** |
| Increase awareness around the impact of social determinants of teen pregnancy with community partners |  |  |  |  |  |
| Actively engage informal community leaders and other influential community stakeholders (i.e. business leaders) around the significance of addressing social determinants of teen pregnancy |  |  |  |  |  |
| Assess attitudes and beliefs around social determinants among different audiences |  |  |  |  |  |
| Facilitate a process to identify key social determinants of teen pregnancy with community partners |  |  |  |  |  |
| Identify feasible strategies to address key social determinants of teen pregnancy |  |  |  |  |  |
| Enhance levels of cultural competence for clinical providers and program facilitators |  |  |  |  |  |
| Utilize community-based participatory approaches to evaluation |  |  |  |  |  |
| Assess and evaluate progress on strategies to address social determinants of teen pregnancy. |  |  |  |  |  |

**Section VII. Evidence-based Programs**

**71. On which evidence-based programs...**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program** | **Are staff members from your organization currently trained?** | **Are staff members from your organization able to provide a Training of Trainers (TOT)?** | **Are staff members from your organization able to provide a Training of Educators (TOE)?** |
| Aban Aya Youth Project |  |  |  |
| Adult Identity Mentoring (Project AIM) |  |  |  |
| All4You! |  |  |  |
| Assisting in Rehabilitating Kids (ARK) |  |  |  |
| Be Proud! Be Responsible! |  |  |  |
| Be Proud! Be Responsible! Be Protective! |  |  |  |
| Becoming a Responsible Teen (BART) |  |  |  |
| Children's Aid Society (CAS) |  |  |  |
| Carrerra Programs |  |  |  |
| Cuidate! |  |  |  |
| Draw the LIne/Respect the Line |  |  |  |
| FOCUS |  |  |  |
| Heritage Keepers |  |  |  |
| Abstinence Education |  |  |  |
| Horizons |  |  |  |
| It's Your Game: Keep it Real |  |  |  |
| Making a Difference |  |  |  |

**72. On which evidence-based programs...**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program** | **Are staff members from your organization currently trained?** | **Are staff members from your organization able to provide a Training of Trainers (TOT)?** | **Are staff members from your organization able to provide a Training of Educators (TOE)?** |
| Making Proud Choices! |  |  |  |
| Project TALC |  |  |  |
| Promoting Health Among Teens! Abstinence Only Intervention |  |  |  |
| Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention |  |  |  |
| Raising Healthy Children |  |  |  |
| Reducing the Risk |  |  |  |
| Respeto/Proteger |  |  |  |
| Rikers Health Advocacy Program (RHAP) |  |  |  |
| Safer Choices |  |  |  |
| Safer Sex |  |  |  |
| SiHLE |  |  |  |
| Sexual Health and Adolescent Risk Prevention(SHARP) |  |  |  |
| Sisters Saving Sisters |  |  |  |
| Teen Health Project |  |  |  |
| Teen Outreach Program |  |  |  |
| What Could You Do? |  |  |  |
| Making Proud Choices! |  |  |  |

**73. Are there other agency(s) in your state/territory/region that are able to provide a TOT/TOF on particular EBP(s)? If so, please specify the name of the agency(s), which type of training they can provide (TOT and/or TOF), and on which EBP(s). If there is a specific person to contact, please provide their name and contact information as well.**

|  |  |
| --- | --- |
| Name of Agency |  |
| State which type of training it is able to provide (TOT or TOF) |  |
| Which EBP? |  |
|  |  |
| Name of Agency |  |
| State which type of training it is able to provide (TOT or TOF) |  |
| Which EBP? |  |
|  |  |
| Name of Agency |  |
| State which type of training it is able to provide (TOT or TOF) |  |
| Which EBP? |  |

**74. On which other programs (outside of the HHS 28 approved programs) are your staff trained?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Circle of Life |  | Safe Dates |
|  | Flash |  | STAND |
|  | Live it (Native American Youth) |  | Street Smart |
|  | Health & Responsible Relationships – Michigan Model |  | Tailoring Family Planning Services to the Special Needs of Adolescents |
|  | Native STAND |  | Teen Talk |
|  | Parents Matter |  | The Fourth R (Relationships) – Alaska Perspectives (adapted version of the original Fourth R curriculum from Canada) |
|  | Power Through Choices |  | Wise Guys |
|  | Real Talk/Sex Ed For Parents |  | Wait Training |
|  | Relationship Smarts |  | Other (please specify) |

**75. Are you or any key partners planning an upcoming training that could potentially be open to other grantees or grantee partners? If so, please provide the name of the curriculum or training topic, as well as the date, time, location, organization, and contact information for the training.**

|  |  |
| --- | --- |
| **Training Topic/Program Name** |  |
| **Date/Time** |  |
| **Location** |  |
| **Organization conducting training** |  |
| **Contact information for training** |  |

**76. The federal collaborative is evaluating the feasibility of creating a document or tool in which TPP grantees could search for organizations capable of providing training on a particular EBP, either by location or by EBP. We are interested in how useful your organization might find such a tool. Please provide any comments you have regarding this potential tool (for example, preferred type of tool, important features or information, concerns, etc).**

|  |  |
| --- | --- |
| **Comment** |  |
| **Comment** |  |
| **Comment** |  |

**77. Do you have suggestions as to how one or more of the Federal agencies funding teen pregnancy prevention programs (OAH, ACF, CDC, etc) could help your organization with these training needs? If so, please briefly describe your suggestion below.**

|  |  |
| --- | --- |
| **Suggestion** |  |
| **Suggestion** |  |
| **Suggestion** |  |

**78. Do you provide training and technical assistance to support program implementation as part of the Teen Pregnancy Prevention project?**

|  |  |
| --- | --- |
|  | Yes, please continue to question 79 |
|  | No, please skip to question 83, page 31 |

**79. Please indicate whether you have received formal training and the time frame in which the formal training on certain topics related to evidence-based approaches to planning, selection, implementation, and evaluation of evidence-based programs and practices was received. Formal training refers to planned teaching of standard knowledge and/or skills related to specific capacities.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skill set** | **Never** | **< 2 years** | **3-5 years** | **> 5 years** |
| Understanding the benefits of using evidence-based approaches such as the Getting To Outcomes (GTO) approach to prevent teen pregnancy |  |  |  |  |
| Knowing which evidence-based programs and/or practices have reduced sexual behaviors leading to teen pregnancy, STI, and/or HIV |  |  |  |  |
| Using logic models to plan general organizational activities |  |  |  |  |
| Using logic models that link risk and protective factors to intervention activities for the purpose of selecting an appropriate TPP program/curriculum or practice. |  |  |  |  |
| Knowing how to plan and conduct effective trainings on evidence-based or evidence-informed programs to others |  |  |  |  |
| Knowing how to assess an evidence-based program for fit with one's priority population and community |  |  |  |  |
| Knowing how to conduct process evaluation |  |  |  |  |
| Knowing how to conduct outcome evaluation |  |  |  |  |

**80. We are interested in the amount of experience you have providing technical assistance and training on the topics listed in question 77. Experience providing training and TA refers to working with one or more client organizations on a particular topic. Please indicate if you have at least 6 months of experience providing technical assistance and training on the following.**

|  |  |  |
| --- | --- | --- |
| **Skill set** | **Yes** | **No** |
| The benefits of using evidence-based approaches such as the GTO approach to prevent teen pregnancy |  |  |
| Which programs, practices, or policies related to promoting adolescent sexual health have evidence of effectiveness |  |  |
| Using logic models to plan general organizational activities |  |  |
| Using logic models that link risk and protective factors to intervention activities for the purpose of selecting an appropriate TPP program/curriculum or practice. |  |  |
| How to plan and conduct effective trainings on evidence-based or evidence-informed programs to others |  |  |
| How to assess an evidence-based program for fit with one's priority population and community |  |  |
| How to conduct process evaluation |  |  |
| How to conduct outcome evaluation |  |  |

**81. How knowledgeable are you regarding each of the following teen pregnancy prevention activities?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill set** | **Not at all**  **1** | **2** | **Somewhat**  **3** | **4** | **Extremely**  **5** |
| Develop program goals for a teen pregnancy prevention activity or program |  |  |  |  |  |
| Assess how well program activities fit within other existing program activities offered to the same target population |  |  |  |  |  |
| Define a target population for teen pregnancy prevention program(s) or practices |  |  |  |  |  |
| Measure participant satisfaction with a prevention program or practice |  |  |  |  |  |
| Evaluate an activity to ensure that it is meeting goals and objectives, including completing analysis and interpretation of data |  |  |  |  |  |
| Identify those who will be responsible for each program delivery task |  |  |  |  |  |
| Specify the amount of change to expect in program objectives |  |  |  |  |  |
| Assess community strengths in programming by examining existing resources such as existing programs and availability of volunteers |  |  |  |  |  |
| Determine if an existing program or practice is suited to a community program’s goals and objectives |  |  |  |  |  |
| Develop program objectives that are linked to program goals |  |  |  |  |  |
| Examine how a prevention program fits with the philosophy of a community organization |  |  |  |  |  |
| Measure how well program implementation followed the original program design (i.e., fidelity) for each program activity |  |  |  |  |  |
| Ensure that all new program activities are linked to specific goals and objectives |  |  |  |  |  |
| Determine if any evidence-based programs are applicable to a target/priority population(s) |  |  |  |  |  |
| Specify by when one should expect the change in their objectives to occur |  |  |  |  |  |
| Assess the causes and underlying risk factors for teen pregnancy in a community |  |  |  |  |  |
| Assess the adequacy of resources to implement a (new) program (e.g., staff, technical resources, funding) |  |  |  |  |  |
| Create timelines for completing all program tasks |  |  |  |  |  |
| Develop a budget that outlines the funding required for each program activity |  |  |  |  |  |
| Develop a plan to sustain successful programs or activities (i.e., determine future funding sources, staffing) |  |  |  |  |  |
| Use evaluation results to improve delivery of a teen pregnancy prevention program or practice the next time it is offered |  |  |  |  |  |
| Adapt an evidence-based teen pregnancy prevention program while maintaining the integrity of the program |  |  |  |  |  |

**82. How confident would you be providing training or technical assistance in the following areas to support other organizations as part of the TPP project?**

| **Skill set** | **Not at all Confident**  **1** | **2** | **Somewhat Confident**  **3** | **4** | **Extremely Confident**  **5** |
| --- | --- | --- | --- | --- | --- |
| Develop program goals for a teen pregnancy prevention activity or program |  |  |  |  |  |
| Assess how well program activities fit within other existing program activities offered to the same target population |  |  |  |  |  |
| Define a target population for teen pregnancy prevention program(s) or practices |  |  |  |  |  |
| Measure participant satisfaction with a prevention program or practice |  |  |  |  |  |
| Evaluate an activity to ensure that it is meeting goals and objectives, including completing analysis and interpretation of data |  |  |  |  |  |
| Identify those who will be responsible for each program delivery task |  |  |  |  |  |
| Specify the amount of change to expect in program objectives |  |  |  |  |  |
| Assess community strengths in programming by examining existing resources such as existing programs and availability of volunteers |  |  |  |  |  |
| Determine if an existing program or practice is suited to a community program’s goals and objectives |  |  |  |  |  |
| Develop objectives that are linked to goals |  |  |  |  |  |
| Examine how a prevention program fits with the philosophy of a community organization |  |  |  |  |  |
| Measure how well program implementation followed the original program design (i.e., fidelity) for each program activity |  |  |  |  |  |
| Ensure that all new program activities are linked to specific goals and objectives |  |  |  |  |  |
| Determine if any evidence-based programs are applicable to a target/priority population(s) |  |  |  |  |  |
| Specify by when one should expect the change in their objectives to occur |  |  |  |  |  |
| Assess the causes and underlying risk factors for teen pregnancy in a community |  |  |  |  |  |
| Assess the adequacy of resources to implement a (new) program (e.g., staff, technical resources, funding) |  |  |  |  |  |
| Create timelines for completing all program tasks |  |  |  |  |  |
| Develop a budget that outlines the funding required for each program activity |  |  |  |  |  |
| Develop a plan to sustain successful programs or activities (i.e., determine future funding sources, staffing) |  |  |  |  |  |
| Use evaluation results to improve delivery of a teen pregnancy prevention program or practice the next time it is offered |  |  |  |  |  |
| Adapt an evidence-based teen pregnancy prevention program while maintaining the integrity of the program |  |  |  |  |  |
| Document adaptations made to evidence-based programs to reflect and respond to the youth and community context. |  |  |  |  |  |
| Train program facilitators to develop their understanding around cultural and gender difference with respect to adolescent sexual risk behavior, teen pregnancy and implications of this on engagement and program implementation. |  |  |  |  |  |

**Section VIII. Organizational Technical Assistance Needs**

***CDC and the funded national organizations will use the following information to plan future TA and training.***

**83. Please list topics, in order of priority, on which you would most like to receive technical assistance and training through this project over the next year.**

| **Skill set** |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |