

District Partner Assessment - CBO - ALL DISTRICTS

INFORMED CONSENT

Purpose of the survey: [LEA name] is a part of an HIV- and STD-prevention project funded by the CDC's Division of Adolescent and School Health. This project deals with sexual health and social services. It also deals with referrals to those services, and school climate and safety. This project focuses on meeting the needs of youth who identify as lesbian, gay, bisexual, transgender, and questioning (LGBTQ). In particular, this project focuses on males who identify as gay or bisexual, engage in sexual activities with other males, or are attracted to other males. ICF International (ICF) is helping the district to learn the impact of this project. The school district identified your community-based organization (CBO) as a partner. As a staff member at the CBO, you are being asked to help us with this project by taking a survey. Staff from up to 10 CBOs are being asked to take this survey. This survey asks about the services offered by your CBO. The survey also asks about your CBO's relationships with the school district and specific schools. Staff from health and/or wellness centers that work with the district are also being asked to take a similar survey.

What you will do: You will use a computer to fill out a Web-based survey. The questions will gather information about your CBO. If needed, please consult with other staff from your CBO to answer all the questions. You will not be asked to answer any questions of a personal nature.

Time needed: The survey should take about 40-60 minutes to complete.

Possible risks: There are no known risks associated with taking this survey. Taking this survey is voluntary. You may stop taking the survey at any time for any reason. Your responses will not be linked with your name or your CBO's name without your permission. Your name and role will not be included in any reports. [LEA name] will receive a summary report, but this report will only contain summarized data and will not include your individual responses.

Benefits: If you take this survey, it will give you the chance to share information about your CBO. We will also learn about your CBO's relationships with schools. By taking this survey, you will help inform the services offered to youth in your community, including LGBTQ youth.

Deciding not to take the survey: Taking this survey is voluntary. You can choose to take it or not to take it. If you choose to take the survey, you can stop at any time. If you decide not to take it, or decide to stop answering the questions at any point during the survey, it will not be held against you in any way.

Persons to Contact: If you have any questions about how the study works, you can call Catherine Lesesne at ICF at (404) 592-2230. If you have any concerns about your rights in the study, you can call the ICF Institutional Review Board at (877) 556-2218.

*** 1. Clicking "yes" below means that you agree to take the survey. If you wish to stop at any time, click the "exit" button at the bottom of the screen; you will see a box asking you if you want to save your answers or erase them. Thank you.**

Yes – I have read the informed consent statement and agree to participate in the survey

No – I do not agree to participate in the survey

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RESPONDENT INFORMATION

Form Approved
OMB No. 0920-XXXX
Exp. Date XX/XX/XXXX

2. What is the name of your organization?

3. What is the address of your organization?

Public reporting burden of this collection of information is estimated to average 1 hour 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

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CBO SERVICE INFORMATION

This set of questions asks about the characteristics of your CBO's client population. Please answer these questions to the best of your ability, consulting with others as appropriate to complete them as accurately as possible. We understand that some of these responses will be estimates.

4. On average, how many clients does your organization serve per month?

- Less than 10
- 10-50
- 50-100
- More than 100

5. Over the last 12 months, about what percent of the clients your organization served were:

Percent Male

Percent Female

6. Over the last 12 months, about what percent of the clients your organization served were the following ages:

Percent 14 or younger

Percent 15-19

Percent 20-24

Percent 25-29

Percent 30 or older

7. Over the last 12 months, about what percent of the clients that your organization served were:

Percent Lesbian, gay, bisexual, transgender or queer (LGBTQ)

Percent Non-LGBTQ

This page continues below.

8. Over the last 12 months, about what percent of the LGBTQ clients that your organization served were:

Percent Male-identified

Percent Female-identified

9. Which of the following services does your organization offer? (Please select all that apply)

- HIV testing
- STD testing
- HIV/STD prevention education programs
- Mental health, counseling, or psychological services
- Social services
- Training or professional development for other organizations

Other (please specify)

10. Which of the following services does your organization offer specifically for, or tailored to, LGBTQ clients? (Please select all that apply)

- HIV testing
- STD testing
- HIV/STD prevention education programs
- Mental health, counseling, or psychological services
- Social services
- Training or professional development for other organizations

Other (please specify)

11. Does your organization offer an HIV test to any teen male who requests one?

- Yes
- No, we do not offer HIV tests
- No, testing is limited (for example, to teens with known risk factors)
- I don't know

This page continues below.

12. Does your organization offer an STD test to any teen male who requests one?

- Yes
- No, we do not offer STD tests
- No, testing is limited (for example, to teens with known risk factors)
- I don't know

13. How do teens pay for services provided by your organization? (Please select all that apply)

- All services are free for teens
- Private pay/sliding scale
- Private insurance
- Public funding, such as Medicaid

Other (please specify)

14. For services that are not provided by your organization, how are referrals made? (Please select all that apply)

- My organization provides teens with contact information for the referral agency
- My organization assists teens in making an appointment with the referral agency
- Notification is sent by my organization to the referral agency to alert them of the referral
- My organization conducts follow-up to confirm teen was seen by the referral agency

Other (please specify)

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YOUTH SERVICE ENVIRONMENT

15. Please indicate whether the following statements describe the services provided by your organization.

	Yes	No	I don't know
Services are available to teens for free.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services are available for teens at low cost.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services are designed specifically for teen clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special service hours or all service hours are designated for teen clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening service hours are available to teen clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekend service hours are available to teen clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My organization has a waiting area or exam room dedicated to teen clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are teen friendly materials available in the waiting room.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My organization's facility is easily accessible by public transportation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My organization provides transportation, or vouchers to cover the cost of transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My organization has implemented protocols to protect the confidentiality of clients who are under age 18.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen clients have input in the design of services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen clients organize events or presentations for peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providers have been trained within the last 12 months on how to work with and establish rapport with teen clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My organization's staff use client risk assessments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My organization conducts outreach for teen clients in community settings (e.g., health fairs, mobile vans, neighborhood visits by outreach workers).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My organization conducts outreach for teen clients in schools (e.g., school programs, school health fairs, school-based events).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This page continues below.

16. Is confidentiality for teens mentioned in advertisements/outreach material used by your organization?

- Yes
- No
- I don't know

17. Is parental consent for sexual health services required for clients who are under age 18?

- Yes, always
- Yes, for specific services
- No
- I don't know

18. For the teens that you serve, what aspects of your program are you most proud of in meeting adolescents' sexual and reproductive health needs? (Please select all that apply)

- Creating a teen friendly environment
- Providing high quality services
- Providing a comprehensive scope of services
- Providing confidential services
- Using innovative outreach strategies
- Providing partner notification/treatment services
- Retaining teen clients
- Maintaining strong links w/ other service providers
- Establishing provider-client relationship
- Improving parent-child communication
- Incorporating teen input in the design of programs and services
- Receiving support from community

Other (please specify)

LGBT FRIENDLINESS

19. In the past 12 months, has your organization sponsored special training or supported continuing education for all staff on the needs of teen LGBTQ clients?

- Yes
- No
- I don't know

20. Do your organization's brochures and outreach materials include LGBTQ clients?

- Yes
- No
- I don't know

21. Do any open lesbians, gay male, or bisexual staff provide services in your organization?

- Yes
- No
- I don't know

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District Partner Assessment - CBO - ALL DISTRICTS

LINKAGE WITH SCHOOLS: FORMALIZATION OF THE PARTNERSHIP

22. Does your organization have a written agreement (for example, a memorandum of understanding or memorandum of agreement) with [LEA name]?

- Yes
- No
- I don't know

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LINKAGE WITH SCHOOLS: FORMALIZATION OF THE PARTNERSHIP

23. Does your organization have a verbal agreement with [LEA name]?

- Yes
- No
- I don't know

24. What type of agreement do you have?

- Memorandum of understanding (MOU) or memorandum of agreement (MOA)
- Contract to provide services

Other type of agreement, please specify

25. When was your written agreement put in place?

Month

Year

26. Which of the following statements applies to your partnership with [LEA name]?

- My organization initiated the partnership
- The district initiated the partnership
- My organization and the district were equally responsible for initiating the partnership
- I don't know

This page continues below.

27. Is the school that a teen attends recorded during your client intake process?

- Yes
- No
- I don't know
- Not applicable

28. During your client intake process, how is information collected?

- Using a database
- Paper form
- I don't know

Other (please specify)

29. Do all staff have access to your client intake information?

- Yes
- No
- I don't know
- Not applicable

This page continues below.

30. If a teen has been referred to your organization by a school staff member, is that information noted as part of your intake process?

- Yes
- No
- I don't know

31. When a teen has been referred to your organization by a school staff member, how often does that staff member follow-up to determine if the student accessed the service?

- Always
- Very often
- Sometimes
- Rarely
- Never
- Not applicable

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ORGANIZATIONAL LINKAGE WITH SCHOOLS: COMMUNICATION IN THE PARTNERSHIP

32. Are staff from your organization in regular contact with [LEA name]?

- Yes, as needed
- Yes, at least monthly
- Yes, at least weekly
- Yes, on a daily basis
- No

33. With which of the following schools did staff from your organization have any contact in the last 12 months (this could include requests for information, referrals, health education resources, or other service-related questions)? (Please select all that apply)

- School Name
- School Name
- School Name

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ORGANIZATIONAL LINKAGE WITH SCHOOLS: COMMUNICATION IN THE PARTNERSHIP

Please note: The following set of questions is about your CBO's relationships with the schools you selected in the last question and their staff.

34. Within the last 12 months, how frequently have staff from your organization been in contact with these schools?

- Once a year or less
- About once a quarter
- About once a month
- About once a week
- About once a day

35. Who typically initiates communication between your organization and these schools?

- My organization does
- The schools do
- My organization and the schools initiate communication equally
- I don't know

36. Which staff members from the schools contact your organization? Please indicate what their position is within the school. (Please select all that apply)

- Nurse
- Counselor
- Teacher
- Administrator (for example, principal or vice principal)
- No school staff members contact my organization

Other (please specify)

This page continues below.

37. Does your organization have a dedicated point of contact at the schools?

- Yes
- No
- I don't know

38. What is the position of that point of contact? (Please select all that apply)

- Nurse
- Counselor
- Teacher
- Administrator (for example, principal or vice principal)

Other (please specify)

39. Do staff from your organization meet with school staff regularly?

- Yes
- No
- I don't know

40. Approximately how often do these meetings take place?

- Once per week
- Twice per month
- Once per month
- Once per quarter
- Once every 6 months
- Less than once every 6 months

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LINKAGE WITH SCHOOLS: CONTRIBUTION TO AND BENEFITS OF THE PARTNERSHIP

Please note: This set of questions asks about your perceptions of your organization's relationship with the school district and schools. Please answer each question based on your impressions; there are no right or wrong answers.

41. To what extent do your organization and the school district/schools share a common understanding of what working together should accomplish (e.g. share a common vision or goal)?

- Not at all
- A small amount
- A fair amount
- A great deal

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LINKAGE WITH SCHOOLS: CONTRIBUTION TO AND BENEFITS OF THE PARTNERSHIP

Please note: This project is focused on meeting the needs of young men who have sex with men (YMSM), which we define as males who:

- identify as gay or bisexual;
- engage in sexual activities with other males; or
- are attracted to other males

42. To what extent does your organization have influence with the school district/individual schools to help meet the needs of YMSM?

- Not at all
- A small amount
- A fair amount
- A great deal

43. To what extent is your organization committed to partnership with the school district/schools?

- Not at all
- A small amount
- A fair amount
- A great deal

44. To what extent is your organization active in partnership with the school district/schools?

- Not at all
- A small amount
- A fair amount
- A great deal

This page continues below.

45. To what extent does your organization value its partnership with the schools/school district?

- Not at all
- A small amount
- A fair amount
- A great deal

46. How reliable is your organization in following through on the commitment made with the school district and schools as part of the partnership?

- Not at all
- A small amount
- A fair amount
- A great deal

47. How reliable are the school district and schools in following through on the commitments made with your organization as part of the partnership?

- Not at all
- A small amount
- A fair amount
- A great deal

48. To what extent is the school district/schools open to discussion, meaning they are willing to engage in frank, open and civil discussion (especially when disagreement exists) and consider a variety of viewpoints and talk together (rather than at each other)?

- Not at all
- A small amount
- A fair amount
- A great deal

49. To what extent is your organization open to discussion, meaning they are willing to engage in frank, open and civil discussion (especially when disagreement exists) and consider a variety of viewpoints and talk together (rather than at each other)?

- Not at all
- A small amount
- A fair amount
- A great deal

This page continues below.

50. To what extent does your organization contribute to the health and well-being of YMSM as part of your work with the school district/individual schools?

- Not at all
- A small amount
- A fair amount
- A great deal

51. How much has your partnership with the school district increased your capacity to serve YMSM?

- Not at all
- A small amount
- A fair amount
- A great deal

52. How much has your partnership with the school district increased the number of YMSM being served by your organization?

- Not at all
- A small amount
- A fair amount
- A great deal

53. To what extent has your partnership with the school district improved the quality of the services your organization provides to YMSM?

- Not at all
- A small amount
- A fair amount
- A great deal

This page continues below.

54. To what extent have you added or modified any of the programs and services that your organization offers YMSM as a result of your partnership with the school district?

- Not at all
- A small amount
- A fair amount
- A great deal

55. To what extent do you think your partnership with the school district has improved the schools' ability to meet the needs of YMSM?

- Not at all
- A small amount
- A fair amount
- A great deal

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LINKAGE WITH SCHOOLS: RECOMMENDATIONS FOR THE PARTNERSHIP

56. How successful would you say your partnership with [LEA name] has been to date?

- Not successful
- Somewhat successful
- Successful
- Very successful
- Completely successful

57. Please share any recommendations you have for strengthening your organization's partnership with [LEA name]:

58. In your opinion, what could the schools do to help you serve their students who are LGBTQ and, in particular, YMSM?

59. In the space below, please feel free to add any other comments you would like to share with the school district:

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Done