

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not collect information through this collection of information unless it displays a currently valid OMB control number. Send comments regarding this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, NE, Atlanta, GA 30333.

**State and Community Awardee
Program Implementation Partner Needs Assessment**

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not collect information through this collection of information unless it displays a currently valid OMB control number. Send comments regarding this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, NE, Atlanta, GA 30333.

DATE	ID	TA PROVIDER	HEALTH CENTER/YOUTH SERVING SYSTEM RECEIVING TA	MODE OF TA
04/05/16	100	Grantee 1		10001 Single Site TA, in-person

Public reporting of this collection of information is estimated to average 2 hours per response, including the time for required to respond to a collection of information unless it displays a current valid OMB control number. Send comments to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (XXXX-X

Form Appr
OMB No. 0
Exp. Date :

TIME GIVING TA
45 minutes

NUMBER OF PARTICIPANTS

TYPE OF TA or TRNG

5 CL-Accessibility: Outreach to youth for use of clinical services

reviewing instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person may not 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 Washington Headquarters Office of Management and Budget, Paperwork Project Director (2025-0180), Washington, DC 20503. (XXX)

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DATE	TA PROVIDER	HEALTH CENTER/YOUTH SERVING SYSTEM RECEIVING TA	MODE OF TA CONTACT	TIME GIVING TA
mm/dd/yy	Grantee 1	Health Center 1	Single Site TA, in-person	< 15 minutes
	Grantee 2	Health Center 2	Single Site TA, by phone	15 minutes
		Health Center 3	Single Site Training, in-person	30 minutes
		Youth Serving Organization 1	Single Site Training, by phone	45 minutes
		Youth Serving Organization 2	Multi-Site TA, in-person	1 hour
		Youth Serving Organization 3	Multi-Site TA, by phone	1 hour, 15 min
			Multi-Site Training, in-person	1 hour, 30 min
			Multi-Site Training, by phone	1 hour, 45 min
			Multi-Site Training, by webcast	2 hours
			Email TA	3 hours
				4 hours
				5 hours
				6 hours
				7 hours
				8 hours

NUMBER OF PARTICIPANTS**TYPE OF TA or TRNG**

CL-Accessibility: General
CL-Accessibility: Low or no cost services
CL-Accessibility: Flexible
CL-Accessibility: Follow-up with youth post-contraception visit
CL-Accessibility: Transportatio-related strategies (e.g. vouchers, signs on public transportation system)
CL-Accessibility: Outreach to youth for use of clinical services
CL-Equity: Cultural competence
CL-Equity: Culturally appropriate materials
CL-Equity: Staffing strategies to match client demographics
CL-Client-Centered: Confidential Services/State laws
CL-Client-Centered: Communication and healthy relationships
CL-Client-Centered: Youth advisory groups
CL-Client-Centered: Programs and support for youth
CL-Client-Centered: Engaging youth in clincal efforts
CL-Client-Centered: Healthy relationships materials and programs
CL-Client-Centered: Staff Task Analysis/Scheduling to alow extra time and time alone for adolescents
CL – Effective: Evidence-based guidelines/QFP: Tiered, client-centered Contraceptive counseling
CL – Effective: Evidence-based guidelines/QFP: Direct support for LARC provision
CL – Effective: Evidence-based guidelines/QFP: Preconception
CL – Effective: Evidence-based guidelines/QFP: STD prevention
CL – Effective: Evidence-based guidelines/QFP: QFP, SPRC-related aspects
CL – Effective: Evidence-based guidelines/QFP: Provision of comprehensive information and services
CL – Effective: Evidence-based guidelines/QFP: Sexual health history/assessment
CL – Effective: Evidence-based guidelines/QFP: Evidence-based teen pregnancy/STD/HIV prevention programs
CL – Effective: Evidence-based guidelines/QFP: Referral to programs such as home visiting
CL – Safe: Clinical Skill Development: LARC insertion and removal
CL – Safe: Clinical Skill Development: Eligibility Criteria for LARC insertion
CL – General Infrastructure: Leadership support
CL – General Infrastructure: Team-based contraceptive care model
CL – General Infrastructure: Operational flow/space (e.g. private room for contraceptive counseling, teen-friendly waiting room)
CL – General Infrastructure: Policies and procedures
YSO – Teen Pregnancy Prevention Efforts – General: Policy modification/development
YSO – Teen Pregnancy Prevention Efforts – General: Staff task analysis and training
YSO – Teen Pregnancy Prevention Efforts – General: Standard Operating Procedures Modification

YSO – Sexual Health of youth: Sexual health assessments
YSO – Sexual Health of youth: General sexual health
YSO – Sexual Health of youth: Cultural Competency
YSO – Sexual Health of youth: Adolescent Development
YSO – Sexual Health of youth: State confidentiality laws
YSO – Evidence-based interventions: Director implementer support
YSO – Evidence-based interventions: Program training and support
YSO – Evidence-based interventions: Using Getting to Outcomes
Partnerships: Collaboration and coordination
Partnerships: Leadership
Partnerships: Engagement and planning
Partnerships: Development
Referrals and Linkages: Linkages
Referrals and Linkages: Referrals to reproductive health services
Referrals and Linkages: Referrals for pregnant and parenting teens
Referrals and Linkages: Referrals for other health services
Referrals and Linkages: Tracking/Monitoring System Development
Health communications and Outreach: Print Communication collateral design
Health communications and Outreach: Campaign support
Health communications and Outreach: Enhanced outreach to community organizations
Health communications and Outreach: Patient education materials
Health communications and Outreach: Parent education materials
Health communications and Outreach: Social marketing (including social media)
Evaluation: Data collection
Evaluation: Data Analysis
Evaluation: Monitoring and Reporting
Continuous Quality Improvement (CQI): CQI Team Development
Continuous Quality Improvement (CQI): Plan for data-informed decision-making
Continuous Quality Improvement (CQI): Process of developing measures of success
Continuous Quality Improvement (CQI): Potential change strategies for producing
Continuous Quality Improvement (CQI): Improvement and continuous monitoring
GEN – Tracking Software: Data Entry
GEN – Tracking Software: Software Updates

DATE

Enter date TA was provided using 2 digits for month, day and year, e.g., 01/01/16

ID

Enter the CDC ID of the TA Provider

TA PROVIDER

Select the organization that provided the Training or Technical Assistance (TTA)

HEALTH CENTER/YOUTH SERVING SYSTEM RECEIVING TA

Enter the CDC ID for the health center/youth serving system this TTA

MODE OF TA

Select the item in the drop down menu that most closely corresponds to the way the TA/training was provided. **"TA"** refers to technical assistance provided in response to a specific need of the recipient. **"Training"** refers to a formal or standard knowledge and/or skills building session your organization provides on a specific capacity issue (e.g., a training on logic model). If the TA or training was provided to a **single organization**, select the appropriate **"single site"** option, according to whether service was **provided in person or by phone**. If the TA or training was provided to **more** than one recipient organization at a time, select the appropriate **"Multi-Site"** option, according to whether the service was **provided in person, by phone, or by webcast**. **IF MULTIPLE ORGANIZATIONS ATTENDED A TRAINING, ENTER EACH ORGANIZATION INDIVIDUALLY.** **"Email TA"** - please **ONLY** include this if the email took a substantial amount of time to prepare, it contained significant TA substance, etc.

TIME GIVING TA

Select the menu option that **most closely equals the time spent** on the specific TA activity. **Please round to the nearest quarter hour, or the nearest hour** if more than 2 hours were spent.

NUMBER OF PARTICIPANTS

Enter the number of participants TA or TRNG was provided during this session

TYPE OF TA or TRNG

Select the menu item that best represents the content of the TA/training provided.