

YSO Organizational Assessment

Public reporting of this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions 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 current 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 NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (XXXX-XXXX)

Date Assessment completed: _____

Please provide the following information for your agency.

Agency Name	
Mailing Address	
City, State	
Zip Code	
Phone	
Fax	

Agency Type

School	<input type="checkbox"/>
Community College	<input type="checkbox"/>
Juvenile Justice/Probation/Court	<input type="checkbox"/>
Social Service Agency (e.g., foster care)	<input type="checkbox"/>
Behavioral Health Provider	<input type="checkbox"/>
Youth-serving organization (e.g., YMCA, Boys and Girls club)	<input type="checkbox"/>
Housing	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

I. TEENS SERVED AND SERVICES PROVIDED

1. Please indicate the number of 15 to 19 year old youth served at your agency in the past year by race/ethnicity and gender.

	Number of Adolescent Clients (Unduplicated) Past Year		
	Female	Male	Unknown
Hispanic/Latino – All Races ¹			
Black or African American (Non-Hispanic)			
White (Non-Hispanic)			
Other (Non-Hispanic)			
Unknown			
Total			

2. Please describe the types of services provided to teens at your agency.

¹ Count data for all clients that indicated Hispanic/Latino(a) ethnicity, regardless of race

II. TEEN PREGNANCY PREVENTION EFFORTS

3. Is teen pregnancy prevention a priority of your agency’s work with teens?
- Not a priority
 - Low priority
 - Medium priority
 - High priority
4. Is teen pregnancy prevention (please select all that apply):
- Included in your strategic plan?
 - Included in efforts of an internal workgroup (i.e., group of staff that meets regularly)?
 - Included in efforts of an advisory group (i.e., individuals from outside of your agency that meet regularly and provide guidance to your agency)?
 - None of the above

5. Please indicate if your agency currently conducts any of the following activities:			
		No	Yes
a	Distributes information or displays posters to youth focused on teen pregnancy prevention?	<input type="checkbox"/>	<input type="checkbox"/>
b	Conducts presentations to youth on sexual and reproductive health (SRH) or teen pregnancy prevention?	<input type="checkbox"/>	<input type="checkbox"/>
c	Provides counseling to youth on sexual and reproductive health?	<input type="checkbox"/>	<input type="checkbox"/>
d	Implements evidence-based teen pregnancy prevention intervention? (See http://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx for a complete list)	<input type="checkbox"/>	<input type="checkbox"/>

6. If your agency implemented evidence-based teen pregnancy prevention program(s), please provide the following information in the table below.

Name of Program Implemented	Number of unique youth participating in the last 12 months	Age range of youth participants
1		
2		
3		
4		
5		

III. HEALTH SCREENING

7. Please indicate if your agency has written policies and procedures that address conducting a:			
		No	Yes
a	Comprehensive health assessment ¹	<input type="checkbox"/>	<input type="checkbox"/>
b	Psycho-social screening	<input type="checkbox"/>	<input type="checkbox"/>
c	Screening to determine if a teen is in need of sexual and reproductive health services (e.g., is at risk for unwanted pregnancy or STI)	<input type="checkbox"/>	<input type="checkbox"/>

Definition: ¹**Comprehensive health assessment** includes a health history that includes past and present health issues, social history, and sexual history.

8. Please indicate which response(s) below best describes the frequency with which youth at your agency are screened to determine if they need a referral to sexual and reproductive health services (Check all that apply)

- Only once (e.g., at initial intake)
- At least annually
- At each contact with youth
- Other _____
- Agency does not conduct sexual health screening (skip to question #12)

9. Please provide an estimate of the percentage of youth served by your agency who have been screened by your staff to determine if they need a sexual and reproductive health service. _____%

10. Please describe the process by which screenings to determine if youth are in need of sexual and reproductive health services are conducted at your agency (being sure to note the job titles of staff who conduct the screenings).

11. Are confidentiality procedures followed when conducting screening to determine need for sexual and reproductive health care? **Confidential** means the information shared by a patient or client is private and has limits on how and when it can be disclosed to a third party.

- No
- Yes

IV. REFERRALS AND LINKAGES

12. Please indicate if your agency has written policies and procedures that address:			
		No	Yes
a	Referrals for general health services?	<input type="checkbox"/>	<input type="checkbox"/>
b	Referrals for other social services such as behavioral health care, housing, food, or employment?	<input type="checkbox"/>	<input type="checkbox"/>
c	Referrals for sexual and reproductive health services?	<input type="checkbox"/>	<input type="checkbox"/>

13. Do staff at your agency provide referrals for sexual and reproductive health (SRH) services?
- Yes
 - No (If no, skip to question #16)

14. Please indicate if your agency has <u>written policies and procedures</u> in place to conduct the following activities related to referrals for sexual and reproductive health services:		
	NO	YES
Provide an up to date (in the past 12 months) directory or list of local youth friendly (i.e., delivery of health services based on the understanding of and respect for what young people want and need) sexual and reproductive health clinical services	<input type="checkbox"/>	<input type="checkbox"/>
Provide information on the clinic(s) most accessible and acceptable for the youth	<input type="checkbox"/>	<input type="checkbox"/>
Provide information and answer questions about what to expect at a sexual and reproductive health clinic visit	<input type="checkbox"/>	<input type="checkbox"/>
Make sexual and reproductive health (SRH) care appointments for the youth either by phone or online	<input type="checkbox"/>	<input type="checkbox"/>
Have youth make an appointment either by phone or online while the referring staff member is with the youth	<input type="checkbox"/>	<input type="checkbox"/>
Provide transportation assistance for youth to access SRH services	<input type="checkbox"/>	<input type="checkbox"/>
Contact the SRH referral source to find out if the youth was seen	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up with youth to ask if they have made and kept SRH appointments based on the staff members' referral	<input type="checkbox"/>	<input type="checkbox"/>

15. Please indicate how frequently staff at your agency conduct the following activities related to referrals for sexual and reproductive health services:					
	Never	Rarely	Sometimes	Often	Always
Provide an up to date (in the past 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

directory or list of local youth friendly (i.e., delivery of health services based on the understanding of and respect for what young people want and need) sexual and reproductive health clinical services					
Provide information on the clinic(s) most accessible and acceptable for the youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide information and answer questions about what to expect at a sexual and reproductive health clinic visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make sexual and reproductive health (SRH) care appointments for the youth either by phone or online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have youth make an SRH appointment either by phone or online while the referring staff member is with the youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide transportation assistance for youth to access SRH services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact the SRH referral source to find out if the youth was seen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up with youth to ask if they have made and kept SRH appointment based on the staff members' referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Please indicate the extent to which each of the following is an issue with providing referrals for sexual and reproductive health services for staff at your agency:				
	Not at all a problem	Minor problem	Moderate problem	Serious problem
Inadequate staff time to make sexual and reproductive health (SRH) referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate staff training on making SRH referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff members are not comfortable discussing issues related to SRH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication difficulties with SRH health center referral sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting lists at SRH referral sites are too long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact information for SRH referral sites is not readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Does your agency have a process in place for documenting youth referrals for SRH services (e.g., tracking the number of SRH referrals made; tracking referrals made in order to follow-up to determine if youth received services)?
- Yes
- No (If no, skip to question #19)

18. Please describe the process your agency uses for documenting youth referrals.

V. STAFF TRAINING AND CAPACITY

19. Has your organization offered trainings/professional development opportunities in the past 12 months on the following topics for staff with contact with youth?				
	No	Yes	Is Training Mandatory?	Frequency of Training?
Providing effective and confidential sexual and reproductive health (SRH) referrals including steps in making a SRH referral.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Upon hiring <input type="checkbox"/> Annually <input type="checkbox"/> Other _____
Agency policies and protocols for making and tracking referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Upon hiring <input type="checkbox"/> Annually <input type="checkbox"/> Other _____
Overview of adolescent sexual and reproductive health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Upon hiring <input type="checkbox"/> Annually <input type="checkbox"/> Other _____
State laws related to minor's rights to reproductive health care (including confidentiality)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Upon hiring <input type="checkbox"/> Annually <input type="checkbox"/> Other _____
State requirements for reporting suspected child abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Upon hiring <input type="checkbox"/> Annually <input type="checkbox"/> Other _____
Trauma informed approaches to working with young people (an approach that engages individuals with histories of trauma, recognizes the presence of trauma symptoms, and acknowledges the role that trauma has played in their lives).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Upon hiring <input type="checkbox"/> Annually <input type="checkbox"/> Other _____
Needs of LGBTQ youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Upon hiring <input type="checkbox"/> Annually <input type="checkbox"/> Other _____

20. Please indicate the number of staff who:		
		Number of Staff
a	Provide referrals to youth as part of their job duties?	
b	Provide referrals to youth for sexual and reproductive health services as part of their job duties?	
c	Have providing referrals for youth listed in their job description?	

