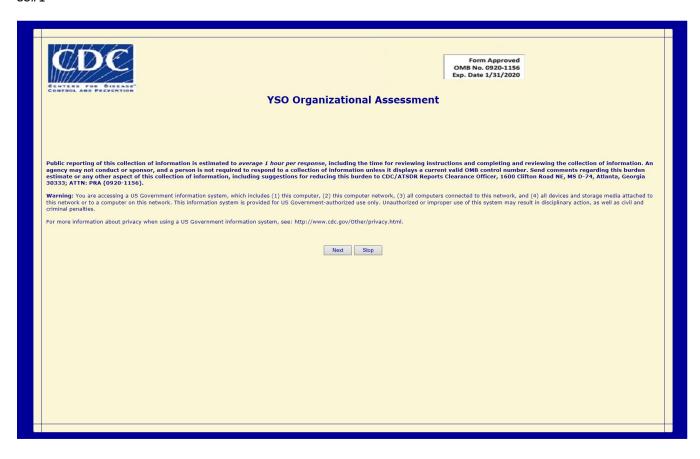
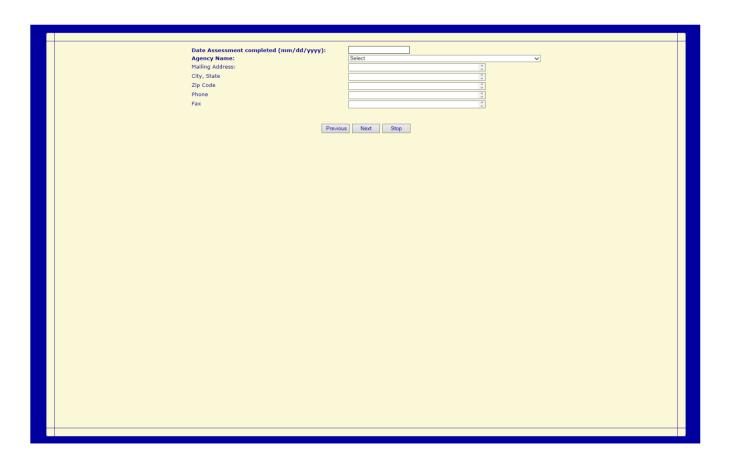
YSO ORGANIZATIONAL ASSESSMENT





Section 1. TEENS SERVED AND SERVICE	S PROVIDED						
1. Please indicate the number of 15 to 1	Please indicate the number of 15 to 19 year olds served at your agency in the past year by race/ethnicity and gender. Number of Adolescent Clients						
	Female	(Unduplicated) Past Year Male	Unknown				
Hispanic/Latino-All Races ¹							
Black or African American (Non-Hispanic)							
White (Non-Hispanic)							
Other (Non-Hispanic)							
Unknown							
	Total: 0	Total: 0	Total: 0				
2. Please describe the types of services		city, regardless race					
		agency.					
	provided to teens at your a	agency.					
	provided to teens at your a	agency.					
	provided to teens at your a	agency.					
	provided to teens at your a	agency.					
	provided to teens at your a	agency.					
	provided to teens at your a	agency.					
	provided to teens at your a	agency.					
	provided to teens at your a	agency.					
	provided to teens at your a	agency.					

	Section II. TEEN PREGNANCY PREVENTIONS EFFORTS
	3. Is teen pregnancy prevention a priority of your agency's work with teens?
	O Not a priority O Low priority Medium priority High priority
П	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
	Previous Next Stop
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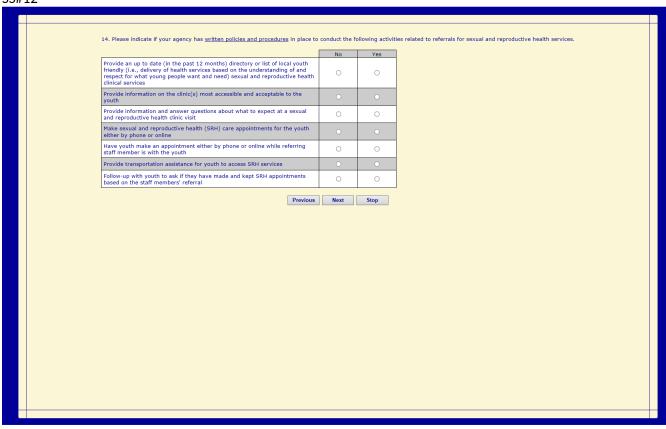
5. Please indicate if your agency currently conducts any of the following activities: a. Distributes information or displays posters to youth focused on teen pregnancy prevention? b. Conducts presentations to youth on sexual and reproductive health (SRH) or teen pregnancy prevention? c. Provides counseling to youth on sexual and reproductive health? d. Implements evidence-based teen pregnancy prevention interventions? (See http://topevidencereview.aspe.hhs.gov/EvidencePrograms.aspx for a complete list) Previous Next Stop		
a. Distributes information or displays posters to youth focused on teen pregnancy prevention? b. Conducts presentations to youth on sexual and reproductive health (SRH) or teen pregnancy prevention? c. Provides counseling to youth on sexual and reproductive health? d. Implements evidence-based teen pregnancy prevention interventions? (See http://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx for a complete list)		
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health (SRH) or teen pregnancy prevention? c. Provides counseling to youth on sexual and reproductive health? d. Implements evidence-based teen pregnancy prevention interventions? (See http://topevidencereview.aspe.hhs.gov/EvidencePrograms.aspx for a complete list)	ributes information or displays posters to youth focused on regnancy prevention?	
d. Implements evidence-based teen pregnancy prevention interventions? (See http://txpevidencereview.aspe.hhs.gov/EvidencePrograms.aspx for a complete list)	ducts presentations to youth on sexual and reproductive (SRH) or teen pregnancy prevention?	0 0
http://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx for a complete list)	rides counseling to youth on sexual and reproductive health?	0 0
Previous Next Stop	tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx for	a
	Previous Next Stop	

6. If your agency implemented evidence-based teen pregnancy prevention program(s), please provide the following information in the table below. If not, leave blank and click the Next button. Name of Program Implemented Name of Program Implemented Name of Program Implemented Quit participating in the last 12 months Age range of youth participants 1 Quit participants 1 Previous Next Stop								
1	6. If your agency im	plemented evidence-based teen pregnancy preventi	on program(s), please p	rovide the following info	ormation in the table	below. If not, lea	ve blank and click	the Next button.
2		Name of Program Implemented	Number of unique youth participating in the last 12 months	Age range of youth participants				
3	1	\$						
5	2	Ĉ						
5	3	^						
5	4	\$						
Previous Next Stop	5	^						
			Previous No.	ext Stop				

Section III. HEALTH SCREENING			
7. Please indicate if your agency has written policies an	d procedures	that address co	inducting a:
,	N-	V	
Comprehensive health assessment ¹	No O	Yes	
Psychosocial screening	0	0	
Screening to determine if a teen is in need of sexual and reproductive health services(e.g., is at risk for	0	0	
unwanted pregnancy or STI)			
Only once (e.g., at initial intake)			
Only once (e.g., at initial intake) At least annually At each contact with youth Other (please specify) Agency does not conduct sexually health screen	ning		Previous Next Stop
At least annually At each contact with youth Other (please specify)	ning		Previous Next Stop
At least annually At each contact with youth Other (please specify)	ning		Previous Next Stop
At least annually At each contact with youth Other (please specify)	ing		Previous Next Stop

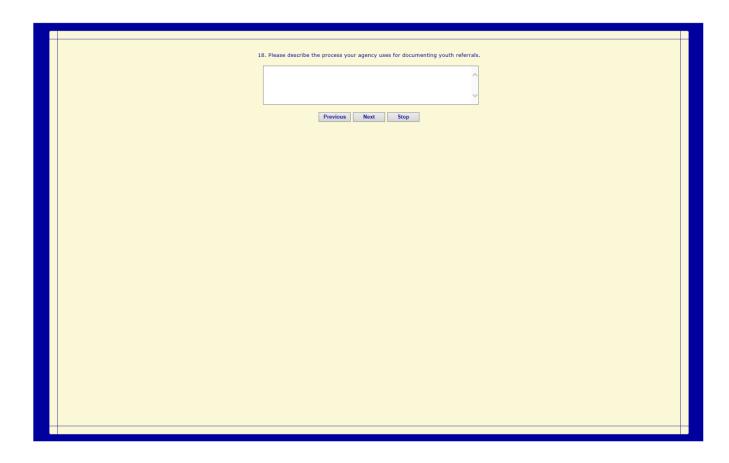
0. Please describe the process by which screenings to determine if youth are in need of sexual and reproductive health services are conducted at your agency (being sure to note the job titles of staff who conduct the creenings).	
1. Are confidentiality procedures followed when conducting screening to determine need for sexual and reproductive health care? Confidential means the information shared by a patient or client is private and has limits on ow and when it can be disclosed to a third party. No Yes	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.
1. 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 ow and when it can be disclosed to a third party. No Yes	
ow and when it can be disclosed to a third party. No Yes	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).
ow and when it can be disclosed to a third party. No Yes	î navê de la caracteria
ow and when it can be disclosed to a third party. No Yes	
	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

13. Do staff at your agency provide referrals for sexual and reproductive health services?
○ Yes ○ No
Previous Next Stop



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 the sexual and reproductive health (SRH) referrals. Not at all a Minor Moderate Serious Problem P
Inadequate staff time to make sexual and reproductive health (SRH) referrals. Inadequate staff training on making SRH referrals. Staff members are not comfortable discussing issues related to SRH. Communication difficulties with SRH health center referral sites. Waiting lists at SRH referral sites are too long. Contact information for SRH referral sites is not readily available. Parents may become upset if we provide an SRH referral to their child. Other (Please Specify Below) Please specify other issues.
Inadequate staff training on making SRH referrals. Staff members are not comfortable discussing issues related to SRH. Communucation difficulties with SRH health center referral sites. Waiting lists at SRH referral sites are too long. Contact information for SRH referral sites is not readily available. Parents may become upset if we provide an SRH referral to their child. Other (Please Specify Below)
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Contact information for SRH referral sites is not readily available. Parents may become upset if we provide an SRH referral to their child. Other (Please Specify Below) Please specify other issues.
Parents may become upset if we provide an SRH referral to their child. Other (Please Specify Below) Please specify other issues.
Other (Please Specify Below) Please specify other issues.
Please specify other issues.

17. Does your agency have a process in place for documenting youth referrals for SRH services	(e.g., tracki	ng the numbe	er of SRH re	eferrals made; tracking referrals made in order to follow-up to determine if youth received
services)?				
○ Yes ○ No				
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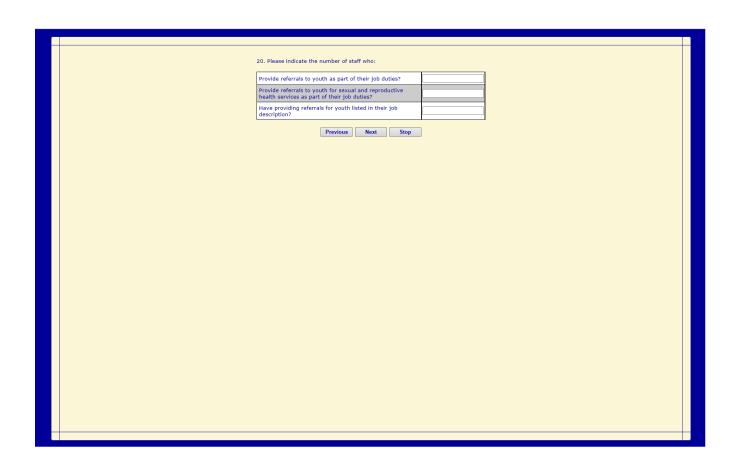
V. STAFF TRAINING AND CAPACITY

19. Please indicate whether your organization offered trainings/professional development opportunities in the past 12 months on the following topics for staff with contact with youth, whether participation is such training is mandatory, and the frequency of the training.

	Was Training Offered in Past 12 Months? Is Training Mandatory?				Frequency of Training?		
	No	Yes	No	Yes	Upon Hiring	Annually	Other
Providing effective and confidential sexual and reproductive health (SRH) referrals including steps in making a SRH referrals	0	0	0	0	0	0	0
Agency policies and protocols for making and tracking referrals	•	•	0	0	•		0
Overview of adolescent sexual and reproductive health needs	0	0	0	0	0	0	0
State laws related to minor's rights to reproductive health care (including confidentiality)	•	0	0	0	0	0	•
State requirements for reporting suspected child abuse	0	0	0	0	0	0	0
Trauma informed approaches to working with young people (an approach that engages individuals with histories of trauma, recognizes the presence of trauma symptoms, and acknowleges the role that trauma has played in their lives).	•	•	•	•	•	•	•
Needs of LGBTQ youth	0	0	0	0	0	0	0

Previous Next Stop

SS#18



П	This is the end of the survey. If you would like to review or change your response(s) click the Previous button now. Otherwise, click the Next button and you will submit and exit the survey.
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