

# YOUTH SERVING ORGANIZATION PERFORMANCE MEASURE TOOL

SS#1



**CDC**  
CENTERS FOR DISEASE  
CONTROL AND PREVENTION

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## Youth Serving Organization(YSO) Performance Measure Reporting Tool

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SS#2

Youth Serving Organization Performance Measure Reporting Tool.

**YSO Name:**

**Date Completed (mm/dd/yyyy):**

**Reporting Period: Fiscal Quarter:**

**Reporting Period: Fiscal Year:**

SS#3

**Youth Served in the Previous Quarter:**

1. How many youth, ages 15 to 19 years old, did your agency serve in the previous quarter (i.e., were provided services of any kind even if unrelated to this project)?

2. During the previous quarter, which youth were targeted for screening and referral to reproductive health services? This might be all youth at your agency or it might be all youth who received a particular type of service (e.g., case management).

3. How many youth, ages 15 to 19 years old, did your agency serve in the previous quarter of the last fiscal year that were in the target group for screening and referral to reproductive health services? For example, if the target group was all youth receiving case management and 148 youth received case management services in the last 3 months, then the correct response is 148.

SS#4

4. Please indicate the number of youth, ages 15 to 19 years old, who received each of the following materials or services in the **previous quarter**:

	Male	Female	Unknown	Total
Referral guide on sexual and reproductive health services	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Screening to determine if youth is in need of sexual and reproductive health services	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Passive referral to a health center for sexual and reproductive health services	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Active referral to a health center for sexual and reproductive health services	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Followed-up with youth to ask if he/she has made and kept appointment based on the staff members' referral	<input type="text"/>	<input type="text"/>	<input type="text"/>	0

SS#5

5. Please indicate the number of youth, ages 15 to 19 years old, who received each of the following services in the **previous quarter**:

	Male	Female	Unknown	Total
Evidence based teen pregnancy prevention intervention (See <a href="http://tpevidencereview.aspe.hhs.gov/EvidencePrograms.aspx">http://tpevidencereview.aspe.hhs.gov/EvidencePrograms.aspx</a> or a complete list)	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Health center visits to familiarize youth with the health center and its services	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Other services provided as part of this project. (please specify below)	<input type="text"/>	<input type="text"/>	<input type="text"/>	0

Please specify other services that were provided as part of this project?

SS#6

Are you entering data for the 4th quarter?

Yes  
 No

SS#7

**Youth Served in the Last Fiscal Year:**

6. How many youth, ages 15 to 19 years old, did your agency serve last fiscal year (i.e., were provided services of any kind even if unrelated to this project)?

7. Last fiscal year, which youth were targeted for screening and referral to reproductive health services? This might be all youth at your agency or it might be all youth who received a particular type of service (e.g., case management).

8. How many youth, ages 15 to 19 years old, did your agency serve in the last fiscal year that were in the target group for screening and referral to reproductive health services?

9. Please briefly describe any increases or decreases in funding or other resources (e.g., staffing) for teen programming in the past fiscal year and indicate how this affected your agency's ability to serve teens.

SS#8

**Special instructions for Tables 10 and 11:** If your record keeping system allows you to calculate the number of unduplicated youth receiving each service, please fill out tables 10 and 11. Being able to calculate the number of unduplicated youth would mean that you are able to determine that a specific youth was, for example, screened 2 or more times and then count them only once when calculating the number of youth screened.

Are you able to report on unduplicated numbers of youth served in the past fiscal year?

Yes  
 No

SS#9

10. Please indicate the number of unduplicated youth, ages 15 to 19 years old, who received each of the following materials or services in the **past fiscal year**:

	Male	Female	Unknown	Total
Referral guide on sexual and reproductive health services	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Screening to determine if youth is in need of sexual and reproductive health services	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Passive referral to a health center for sexual and reproductive health services	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Active referral to a health center for sexual and reproductive health services	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Followed-up with youth to ask if he/she has made and kept appointment based on the staff members' referral	<input type="text"/>	<input type="text"/>	<input type="text"/>	0

SS#10

11. Please indicate the number of youth, ages 15 to 19 years old, who received each of the following services in the **past fiscal year**:

	Male	Female	Unknown	Total
Evidence based teen pregnancy prevention intervention (See <a href="http://typeevidencereview.aspe.hhs.gov/EvidencePrograms.aspx">http://typeevidencereview.aspe.hhs.gov/EvidencePrograms.aspx</a> or a complete list)	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Health center visits to familiarize youth with the health center and its services	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Other services provided as part of this project (Please specify below)	<input type="text"/>	<input type="text"/>	<input type="text"/>	0

**Please specify other services that were provided as part of this project?**

## SS#11

**Staff and Staff Training:**

12. Please describe which staff members currently screen youth and provide referrals for sexual and reproductive health services. This might be all staff members, all case managers, all counselors, etc.

  

13. How many staff members are currently part of the group of staff selected to screen youth and provide referrals? If all staff were selected to participate, you would indicate the current number of staff at your agency. If all case managers were selected to participate, you would indicate the number of case managers at your agency.

  

14. How many of you staff members in the group selected to provide referrals having been working at your organization for less than 12 months?

  

15. How many of your current staff members from the identified group (e.g., all staff, all case managers) have received the following trainings during the course of the TAQ Initiative?

Providing effective and confidential sexual and reproductive health (SRH) referrals including steps in making a SRH referral.	<input type="text"/>
Agency policies and protocols for making and tracking referrals	<input type="text"/>
Overview of adolescent sexual and reproductive health needs	<input type="text"/>
State laws related to minor's rights to reproductive health care (including confidentiality)	<input type="text"/>
State requirements for reporting suspected child abuse	<input type="text"/>
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="text"/>
Needs of LGBTQ youth	<input type="text"/>

## SS#12

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.

SS#13

You have reached the end of the survey. Thank you for your participation.