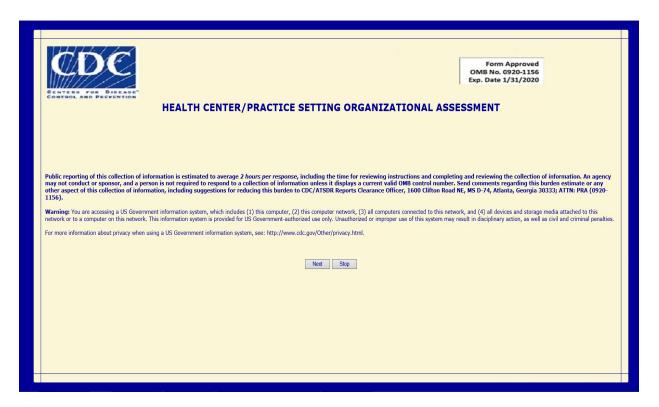
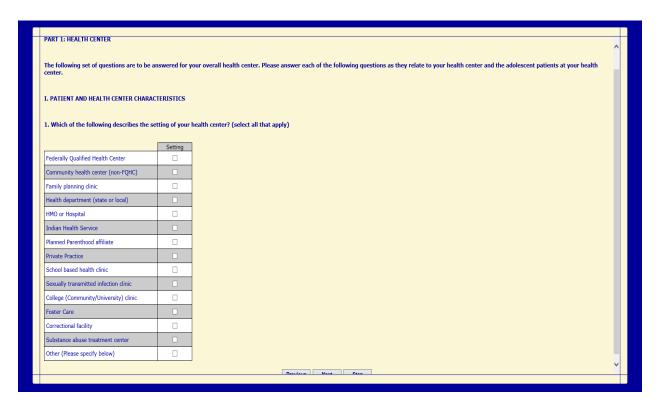
HEALTH CENTER/PRACTIC SETTING ORGANIZATIONAL ASSESSMENT

SS#1

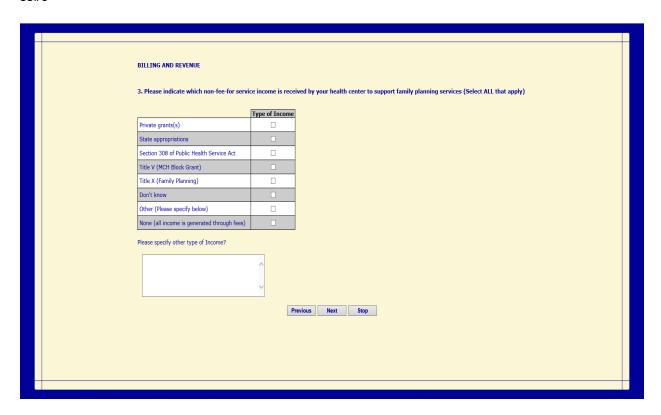




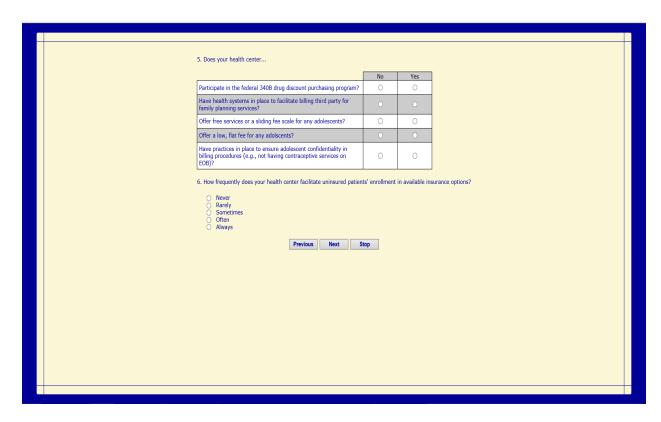
Date Assessment was completed (mm/dd/yyyy):	
Health Center Name:	Select
Mailing Address:	÷
City:	0
State:	0
Zip Code:	0
Phone:	0
Fax:	0
Email:	0
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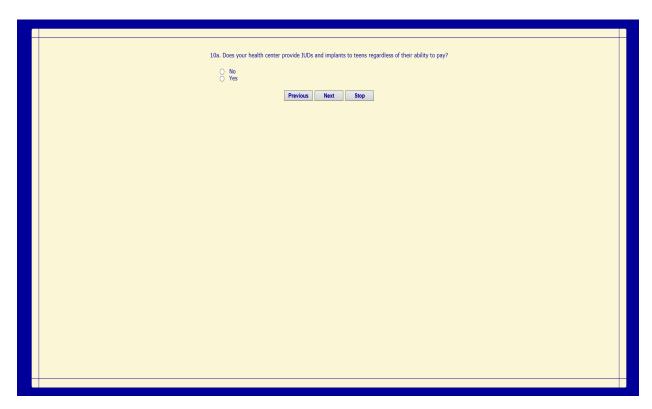
	Ī			1 14
		2. Approximately what percentages of your adolescent patient		
		0-24% 25-4		>=50%
		Pay for their visit using Medicaid or other state or federal assistance)	0
		Are racial or ethnic minorities	5	0
		Have limited English proficiency)	0
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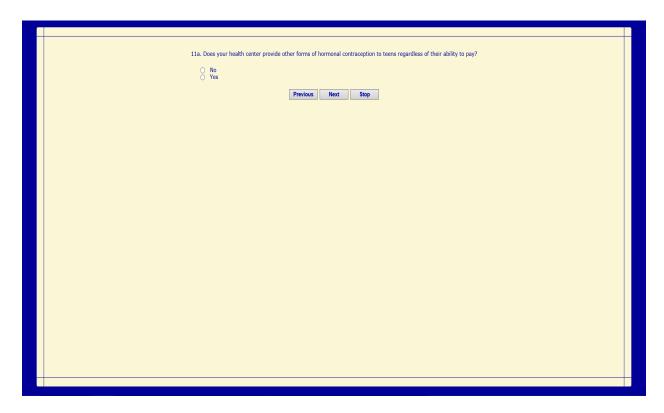
4. What percentage of revenue by source does your health center receive for adolescent family planning visits? Wedical Fee for Service
Medical Fee for Service 0 Medicaid Family Planning Waiver 0 Medicaid Managed Care 0 Commercial Insurance 0 Sliding Fee Scale 0 Full Pay 0
Uninsured (health center absorb costs) Other (Please specify below) Total: 0 Please specify Other source of Revenue? Previous Next Stop



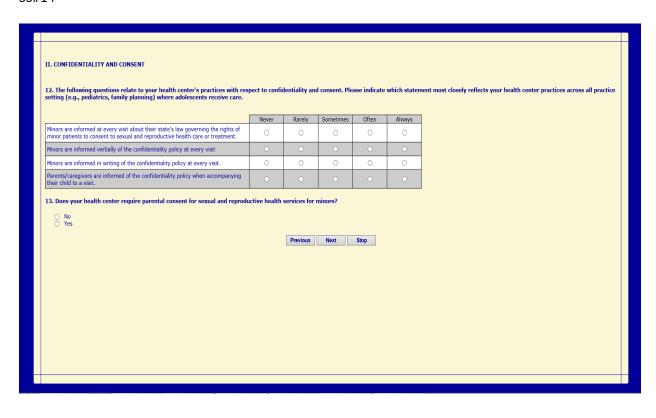
ACCESSIBILITY
7. Does your health center have partnerships with other agencies to assist youth with accessing transportation services?
○ No ○ Yes
8. Does your health center offer its own transportation services?
○ No ○ Yes
9. How often does your health center offer reimbursements to adolescents for transportation to the clinic (i.e., bus tokens or taxi vouchers)?
Never Rarely Sometimes Often Always
Previous Next Stop



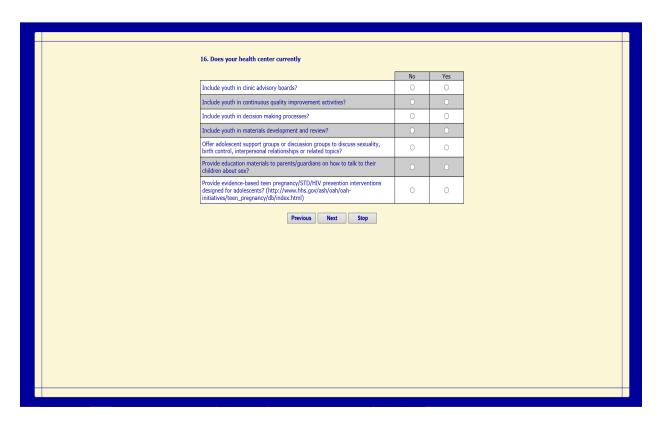
10b. How do you cover costs associated with providing IUDs and implants to teens regardless of their ability to pay?
Previous Next Stop



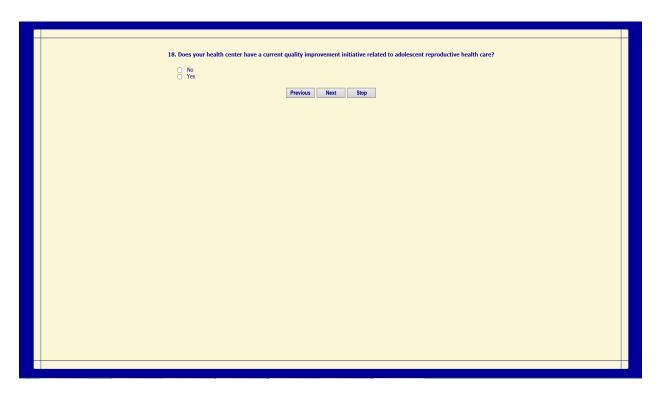
11b. How do you cover costs associated with providing other forms of hormonal contraception to teens regardless of their ability to pay?	
Previous Next Stop	



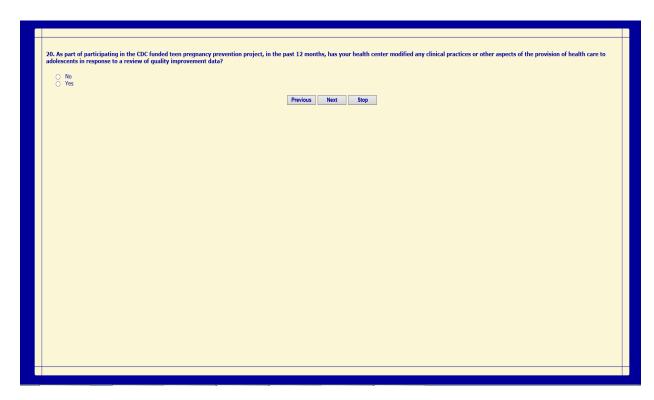
III. HEALTH CENTER RESOURCES AND OUTREACH					
14. Does your health center use the following technologies?					
	No	Yes: Limited Use	Yes: Routinely	1	
Electronic health records	0	0	0		
Electronic systems for billing	0	0	0		
Email clients for appointment reminders	0	0	0		
Call clients for appointment reminders	0	0	0		
Send text messages to clients for appointment reminders	0	0	0		
Email, phone, or text messages to clients to provide any follow-up on contraceptive method selected	0	•	•		
Website that allows clients to make appointments online	0	0	0		
				j	
15. In the past 12 months, did your health center use any of the following m	ethods for com	munity education	n/outreach to tee	.ns? (Not exclusively related t	o fund-raising)
15. In the past 12 months, did your health center use any of the following mo			n/outreach to tee	ns? (Not exclusively related to	o fund-raising)
	No	Yes	o/outreach to tee	ns? (Not exclusively related to	o fund-raising)
īv	No O	Yes	n/outreach to tee	ns? (Not exclusively related to	o fund-raising)
TV Radio	No O	Yes	n/outreach to tee	ns? (Not exclusively related to	o fund-raising)
TV Radio Websites	No O	Yes O	n/outreach to tee	ns? (Not exclusively related to	o fund-raising)
TV Radio Websites Social media (e.g. Facebook, Instagram, Twitter)	No O	Yes	i/outreach to tee	ns? (Not exclusively related to	o fund-raising)
TV Radio Websites Social media (e.g. Facebook, Instagram, Twitter) Billboards	No O	Yes	i/outreach to tee	ns? (Not exclusively related to	o fund-raising)
TV Radio Websites Social media (e.g. Facebook, Instagram, Twitter) Billboards Newspapers or magazines	No O	Yes	i/outreach to tee	ns? (Not exclusively related to	o fund-raising)



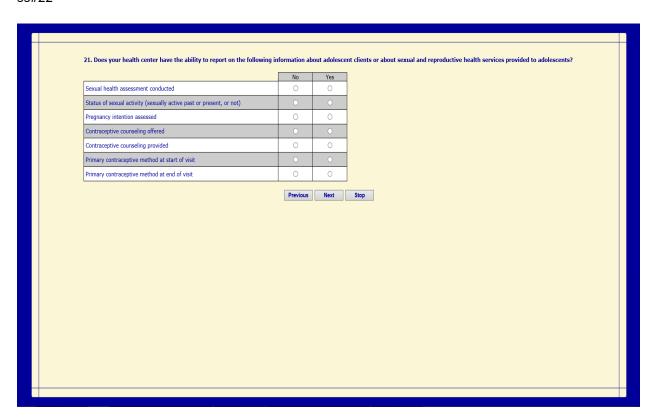
IV. QUALITY IMPROVEMENT
17. Does your health center have current quality improvement initiatives?
○ No ○ Yes
Previous Next Stop



Г	
	19. List all of the quality improvement initiatives that are currently taking place at your health center (whether they relate to adolescent reproductive health care or not):
	Previous Next Stop



	Please briefly describe what aspects of service delivery to adolescents were changed.
	Previous Next Stop
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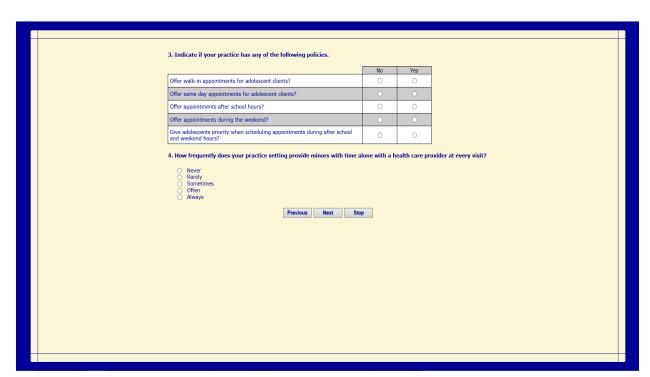


SS#23: Practice Setting Section

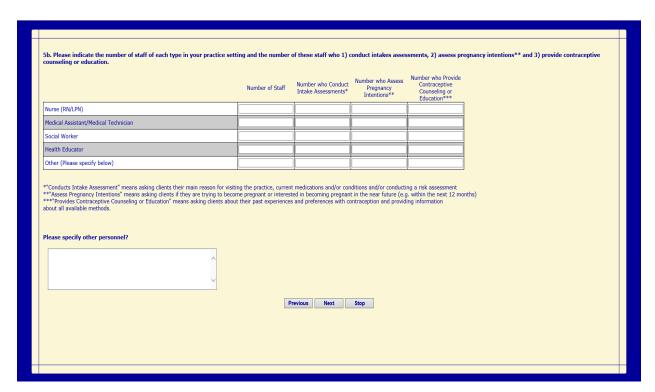


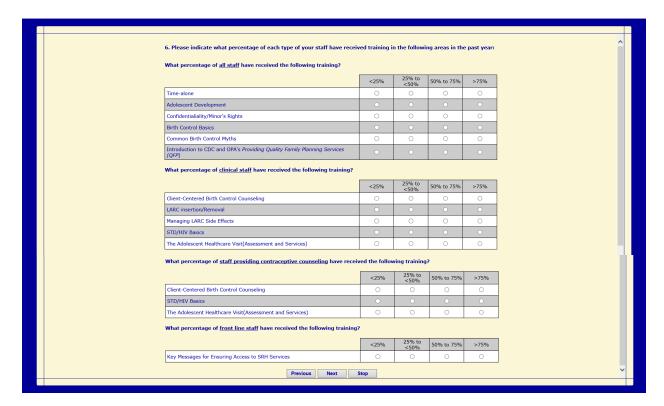


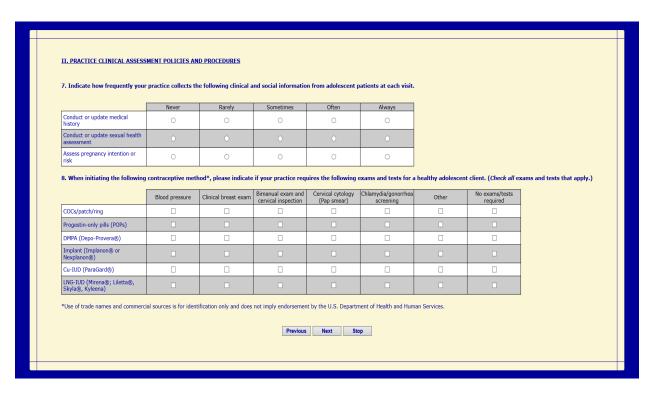
1. Please indicate your practice setting within the health center? Adolescent subspeciality Pediatrics Obstetrics/gynecology Family planning Primary (general health) care/Family Practice Urgent care Mobile Unit Other (please specify) 2. How many days/week is your practice setting open? Previous Next Stop	



Sa. Please indicate the number of clinical providers of each type in your practice setting and the number who provide the listed family planning services: Number of Providers Number who Prescribe contraception Number Proficient* in IUD insertion and removal					
Number of Providers Number who Prescribe contraception and removal Family Physicians/General Practitioners/Internists Obstetrician/Gynecologist Pediatrician Other Specialty Physician Nurse Practitioner Physician Assistant Certified Nurse Midwife **Proficient* means the clinician has inserted IUDs or Implants without supervision within the last 3 months.	I. PERSONNEL AND TRAINING				
Number of Provides Number of Provides Number of Union Prescribe and Indicators of Union and Indicators of Union and Indicators of Indicators o	5a. Please indicate the number of clinical providers of each type in your pr	ractice setting and t	the number who provi	de the listed family p	lanning services:
Obstetrician/Gynecologist Pediatrician Other Specialty Physician Nurse Practitioner Physician Assistant Certified Nurse Midwife *"Proficient" means the clinician has inserted IUDs or Implants without supervision within the last 3 months.		Number of Providers	Number who Prescribe	IUD insertion and	implant insertion and
Pediatrician Other Specialty Physician Nurse Practitioner Physician Assistant Certified Nurse Midwife *"Proficient" means the clinician has inserted IUDs or Implants without supervision within the last 3 months.	Family Physicians/General Practitioners/Internists				
Other Specialty Physician Nurse Practitioner Physician Assistant Certified Nurse Midwife *"Proficient" means the clinician has inserted IUDs or Implants without supervision within the last 3 months.	Obstetrician/Gynecologist				
Nurse Practitioner Physician Assistant Certified Nurse Midwife *"Proficient" means the clinician has inserted IUDs or Implants without supervision within the last 3 months.	Pediatrician [
Physician Assistant Certified Nurse Midwife *"Proficient" means the clinician has inserted IUDs or Implants without supervision within the last 3 months.	Other Specialty Physician				
Certified Nurse Midwife *"Proficient" means the clinician has inserted IUDs or Implants without supervision within the last 3 months.	Nurse Practitioner				
**Proficient" means the clinician has inserted IUDs or Implants without supervision within the last 3 months.	Physician Assistant				
	Certified Nurse Midwife				
			nths.		



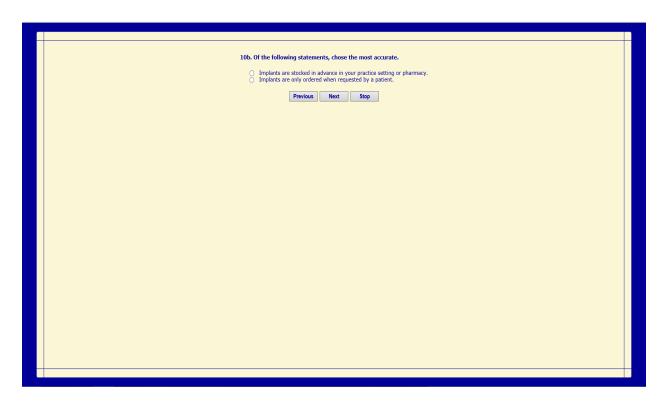


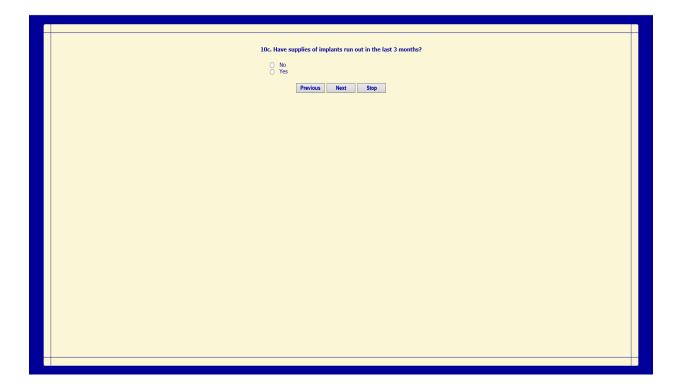


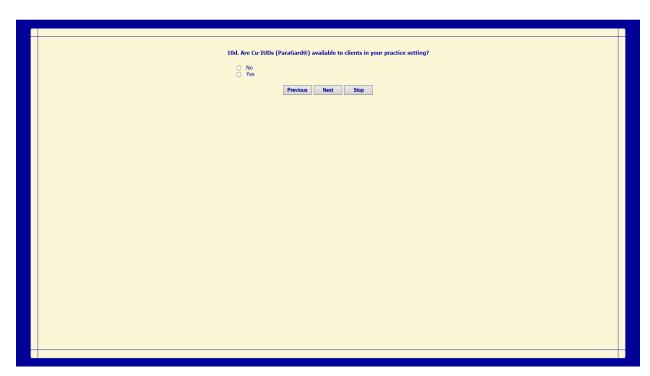
Yes No Yes No ombined Oral Contraceptives (COCs) ○ ○ ○ ○ atch (Ortho Evra®) ○ ○ ○ ○	0
atch (Ortho Evra®)	
	0
	0
1 1 2	0
gard, constant of the constant	0
mergency contraceptive pills (to males)	0
tale condom O O O	0
emale condom	0



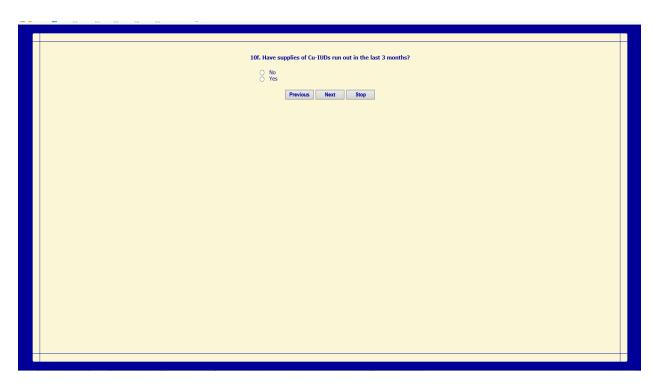
Н		+
	10a. Are implants (Implanon⊗ or Nexplanon⊛) available to clients in your practice setting?	
	O No O Yes	
	Previous Next Stop	







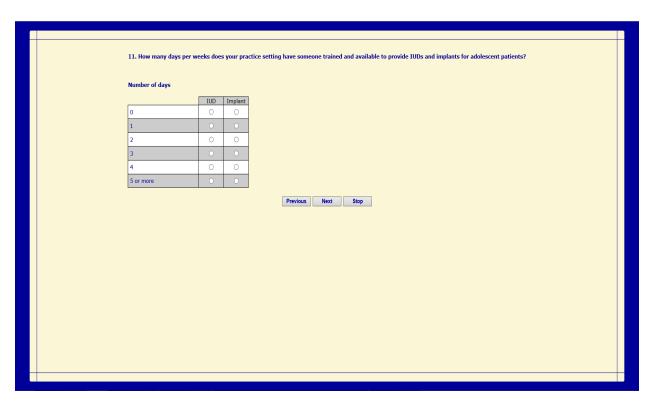
10e. Of the following statements, chose the most accurate.
 Cu-IUDs are stocked in advance in your practice setting or pharmacy. Cu-IUDs are only ordered when requested by a patient.
Previous Next Stop



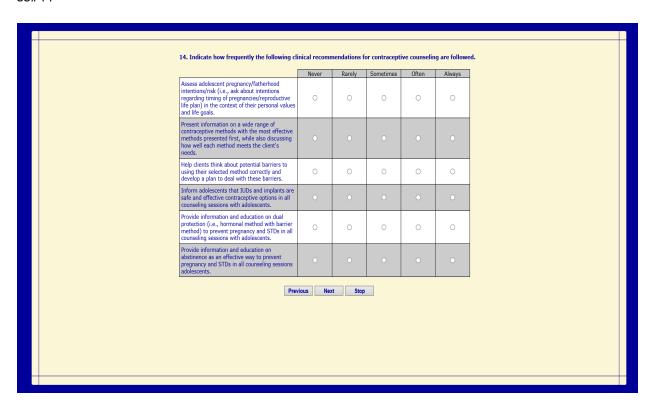
10g. Are LNG-IUDs (Mirena®; Liletta®, Skyla®, Kyleena®) available to clients in your practice setting?
O No Yes Previous Next Stop

Г		
	10h. Of the following statements, chose the most accurate.	
	LNG-IUDs are stocked in advance in your practice setting or pharmacy. LNG-IUDs are only ordered when requested by a patient.	
	Previous Next Stop	



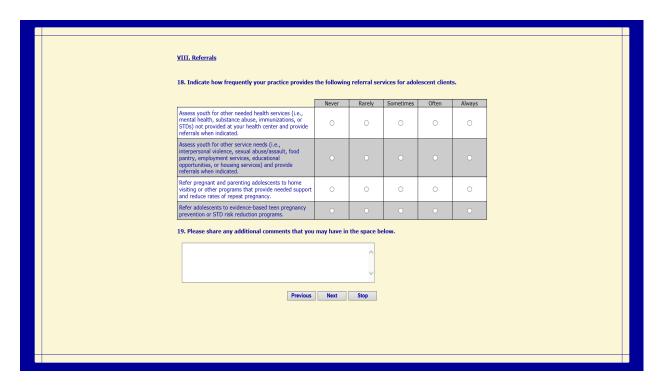


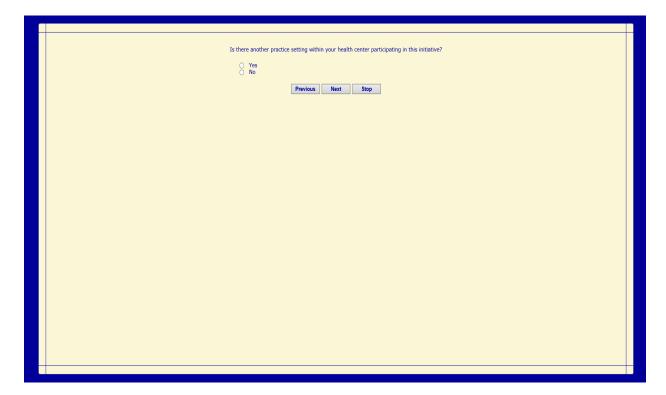
	12. How are IUDs and implants	typically offere	ed to adolescer	its?
		Implant (Implanon® or Nexplanon®)	Cu-IUD (ParaGard®)	LNG-IUD (Mirena,®, Liletta®, Skyla®, Kyleena)
	Provided same day as requested			
	New appointment made for insertion			
	Referred to another practice setting within the health center			
	Referral to another health center			
	○ No ○ Yes			
			Previous	Next



	Never	Rarely	Sometimes	Often	Always	
er sexually active adolescents hormonal traception, IUD and implant <u>at every sexual</u> <u>lth visit</u> that the adolescent makes to the cal provider.						
er sexually active adolescents hormonal traception, IUD and implant at every non- ual health related visit that the adolescent ees to the clinical provider (e.g. primary e visit).						
ck Start initiation (starting birth control the of the visit) of pill, patch, ring, and depo t offered after negative history* and ative urine pregnancy test (UPT).						
ck Start insertion of IUD offered after ative history* and negative urine gnancy test (UPT) (e.g., no need to edule a separate insertion visit).						
ck Start insertion of implant offered after ative history* and negative urine grancy test (UPT) (e.g., no need to edule a separate insertion visit).						
vide or prescribe multiple cycles of oral traceptive pills (up to 12 months), the h or the ring to minimize the number of es an adolescent has to return to health ter.						
vide client with another contraceptive hod to use until patient can start the sen method, if not immediately available site, the same day, or client not medically ble.						
er same-day contraceptive services to lescents who have a negative history* and ative pregnancy test and do not want to ome pregnant.						
er ermergency contraception options oper-IUD, ulipristal acetate pills and norgestrel pills) to adolescents who have unprotected intercourse in the last five s (after negative history* and negative e pregnancy test for early pregnancy).						
er advanced supply of emergency traceptive pills (levonorgestrel, ulipristal tate) to adolescents using Tier 2** deerately effective) or Tier 3*** (least ctive) methods.						
sexually active teens, conduct STI ening annually, or provide diagnostic ing based on sexual history of symptoms.						
sexually active teens, offer HIV screening ually, or provide diagnostic testing based sexually history of symptoms.						
etailed history provides the most accurate as toms or signs of pregnancy and meets any <=7 days after the start of normal menses. s not had sexually intercourse since the star s been correctly using a relic<=7 days after spontaneous or induced abor within 4 weeks postpartum fully or nearly fully breastfeeding (exclusivel er 2 (Moderately Effective) includes the follo ier 3 (Least Effective) includes the following ier services in the services in t	one of the following to flast normaliable method ortion y breastfeeding wing methods:	owing criteria: al menses. of contraceptio g or the vast r : Injectable, p	n najority(>=859 II, patch, ring a	%) of feeds are	e breastfeeds a	

IV. PRACTICE SERVICES AND RESOURCES			
16. Indicate if your practice provides the fo	llowing serv	rices or resour	ces by checki
	No	Yes	
Displays information on issues related to adolescent sexual and reproductive health in waiting room or exam room where it can be viewed easily by all clients.	0	0	
Displays information on issues related to minor's rights in waiting room or exam room where it can be viewed easily by all clients.	0	•	
Provides language translation services that match the needs of your adolescent clients.	0	0	
17. Indicate if none, some or all of your pat	ient materia	als and forms a	re designed :
			All
Provides patient educational materials specifically designed for adolescents, including literacy needs.	None	Some	O
Provides patient forms specifically designed for adolescents, including literacy needs.	0	0	0
Provides patient educational materials in languages that match the needs of your adolescent clients.	0	0	0
Provides patient forms in languages that match the needs of your adolescent clients.	0	0	0
Provides educational materials to meet the gender identity and sexual orientation needs of your adolescent clients.	0	0	0
man and the second of the seco			
Provides patient forms to meet the gender identity and sexual orientation needs of your adolescent clients.	0		
identity and sexual orientation needs of your adolescent clients.	Previous	Next Sto	







Н		F
	You have reached the end of the survey. Thank you for you participation.	
		\perp