|  |  |
| --- | --- |
| Category: *Structure* | Healthcare Organizational Assessment Questions |
| * Trained staff | **Please indicate what percentage of each type of your staff have received training in the following areas in the past year:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Training** | **<25%** | **25% to <50%** | **50% to 75%** | **>75%** | | **All Staff** | | | | | | |  | Time-alone |  |  |  |  | |  | Adolescent Development |  |  |  |  | |  | Confidentiality/Minor’s Rights |  |  |  |  | | **Clinical Staff** | | | | | | |  | Client-Centered Birth Control Counseling |  |  |  |  | |  | LARC Insertion/Removal |  |  |  |  | |  | Managing LARC Side Effects |  |  |  |  | |
| * LARC availability | |  |  |  |  | | --- | --- | --- | --- | |  | **Contraceptive Method** | **Available to clients in your practice setting** | | |  | | **No** | **Yes** | |  | Implant (Implanon ® or Nexplanon ®) |  |  | |  | Cu-IUD (ParaGard ®) |  |  | |  | LNG-IUD (Mirena ®; Liletta ®, Skyla ®)) |  |  | |
| * No client cost barriers (financing, reimbursement, payment options) | **Approximately what percentages of your adolescent patients in your health center have the following characteristics? If unsure, give your best estimate**.   |  |  |  |  | | --- | --- | --- | --- | | **Characteristic** | **0-24%** | **25-49%** | **≥50%** | | Pay for their visit using Medicaid or other state or federal assistance |  |  |  |   **Does your health center…**   |  |  |  | | --- | --- | --- | | **Practice** | **No** | **Yes** | | Participate in the federal 340B drug discount purchasing program? |  |  | | Have systems in place to facilitate billing third party payers for family planning services? |  |  | | Offer free services or a sliding fee scale for any adolescents? |  |  | | Offer a low, flat fee for any adolescents? |  |  |     **Does your health center provide IUDs and implants to teens regardless of their ability to pay?**  No  Yes  **Does your health center provide other forms of hormonal contraception to teens regardless of their ability to pay?**  No  Yes |
| Category: *Tasks: Non-clinical Staff* | Healthcare Organizational Assessment Questions |
| * Ensure time alone at every visit | **How frequently does your practice setting provide minors with time alone with a health care provider at every visit?**  Never  Rarely  Sometimes  Often  Always |
| * Identify sexually active adolescents | **Indicate how frequently your practice collects the following clinical and social information from adolescent patients at each visit.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | | Conduct or update sexual health assessment |  |  |  |  |  |   **Indicate how frequently the following clinical recommendations for contraceptive counseling are followed.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Recommendation** | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | | Assess adolescent pregnancy/fatherhood intentions/risk (i.e., ask about intentions regarding timing of pregnancies/reproductive life plan) in the context of their personal values and life goals. |  |  |  |  |  | | Present information on a wide range of contraceptive methods with the most effective methods presented first, while also discussing how well each method meets the client’s needs. |  |  |  |  |  | |  |  |  |  |  |  | | Inform adolescents that IUDs and implants are safe and effective contraceptive options in all counseling sessions with adolescents. |  |  |  |  |  | | Provide information and education on dual protection (i.e., hormonal method with barrier method) to prevent pregnancy and STDs in all counseling sessions with adolescents. |  |  |  |  |  | | Provide information and education on abstinence as an effective way to prevent pregnancy and STDs in all counseling sessions with adolescents. |  |  |  |  |  | |
| * For adolescents who do not want to be pregnant or are unsure: |
| * Explore pregnancy intentions |
| * Provide accurate and unbiased information about all FDA-approved birth control methods |
| * Use standardized method/tool to assess pregnancy intentions and STD/HIV risk (abstinence/dual protection) |
| * Assist client in birth control selection |
| * Provide comprehensive STD/HIV prevention information/messages, facilitate STD/HIV testing (urine CT/GC testing, rapid HIV testing) | **Indicate how frequently the following clinical recommendations for contraceptive counseling are followed.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Recommendation** | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | | Provide information and education on dual protection (i.e., hormonal method with barrier method) to prevent pregnancy and STDs in all counseling sessions with adolescents. |  |  |  |  |  | | Provide information and education on abstinence as an effective way to prevent pregnancy and STDs in all counseling sessions with adolescents. |  |  |  |  |  | |
| Category: *Tasks: Clinical Staff* | Healthcare Organizational Assessment Questions |
| * Provide STD/HIV screening/diagnostic testing and Tx per CDC guidelines | **Indicate how frequently your practice performs the following.**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Never** | | | **Rarely** | | **Sometimes** | **Often** | | | **Always** | | | For sexually active teens, conduct STI screening annually, or provide diagnostic testing based on sexual history of symptoms. | |  |  | |  | | |  |  | | | For sexually active teens, offer HIV screening annually, or provide diagnostic testing based on sexual history of symptoms. | |  |  | |  | | |  |  | | |
| * Review method use, anticipated side effects and ensure understanding | **Indicate how frequently the following clinical recommendations for contraceptive counseling are followed.**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Never** | | **Rarely** | | | **Sometimes** | **Often** | | **Always** | | | Help clients think about potential barriers to using their selected method correctly and develop a plan to deal with these barriers. | |  | |  |  | | |  | |  | | |
| * Provide method same-day, reschedule/refer, offer bridge method if needed | **Indicate how frequently your practice performs the following.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Recommendation or Standard** | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | | Offer sexually active adolescents hormonal contraception, IUD and implant at every sexual health visit that the adolescent makes to the clinical provider. |  |  |  |  |  | | Offer sexually active adolescents hormonal contraception, IUD and implant at every non-sexual health related visit that the adolescent makes to the clinical provider (e.g. primary care visit). |  |  |  |  |  | | Quick Start initiation (starting birth control the day of the visit) of pill, patch, ring and depo shot offered after negative history\* and negative urine pregnancy test (UPT). |  |  |  |  |  | | Quick Start insertion of IUD offered after negative history\* and negative urine pregnancy test (UPT) (e.g., no need to schedule a separate insertion visit). |  |  |  |  |  | | Quick Start insertion of implant offered after negative history\* and negative urine pregnancy test (UPT) (e.g., no need to schedule a separate insertion visit). |  |  |  |  |  | | Provide client with another contraceptive method to use until patient can start the chosen method, if not immediately available on-site, the same day, or client not medically eligible. |  |  |  |  |  | | Offer same-day contraceptive services to adolescents who have a negative history\* and negative pregnancy test and do not want to become pregnant. |  |  |  |  |  | |
| Category: *Supporting Youth-friendly Best Practices* |  |
| * Confidentiality | **The following questions relate to your health center’s practices with respect to confidentiality and consent. Please indicate which statement most closely reflects your health center practices across all practice settings (e.g., pediatrics, family planning) where adolescents receive care.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | | Minors are informed at every visit about their state’s laws governing the rights of minor patients to consent to sexual and reproductive health care or treatment. |  |  |  |  |  | | Minors are informed verbally of the confidentiality policy at every visit. |  |  |  |  |  | | Minors are informed in writing of the confidentiality policy at every visit. |  |  |  |  |  | | Parents/caregivers are informed of the confidentiality policy when accompanying their child to a visit. |  |  |  |  |  |   **Does your health center…**   |  |  |  | | --- | --- | --- | | **Practice** | **No** | **Yes** | | Have practices in place to ensure adolescent confidentiality in billing procedures (e.g., not having contraceptive services on EOB)? |  |  | |
| * Convenience | **Indicate if your practice has any of the following policies.**   |  |  |  | | --- | --- | --- | | **Policy** | **NO** | **YES** | | Offer walk-in appointments for adolescent clients? |  |  | | Offer same day appointments for adolescent clients? |  |  | | Offer appointments after school hours? |  |  | | Offer appointments during the weekend? |  |  | |