

HENNEPIN COUNTY

MINNESOTA

CoverPage

We invite you to participate in the Better Together Hennepin's (BTH) MyClinic assessment process. The first step in this process is completing the following survey to evaluate your clinic's ability to meet the specialized needs of adolescents. This survey should be completed by a team comprised of people that represent a variety of roles within the clinic i.e. (front desk staff, lab, provider, administrator, nurse, educator, medical assistant, etc.).

BTH has found that teams that take time to fully discuss all questions, find more value in this process. We highly recommend that you block 2 hours to complete the survey. The survey will allow for your group to start and finish as needed. Please use the same device and browser to complete the survey.

Once the survey is completed, the results will be analyzed, and an individualized report will be provided. Upon completion of the report someone from BTH will contact you to provide an opportunity to meet, discuss results and offer technical assistance. Those who meet the evaluation standards will be included in the MyClinic pocket guide and [MySelf My Health website](#).

1 General Information

GENERAL INFORMATION

1. Clinic name

2. Clinic address

Street

City

State

Zipcode

3. Clinic appointment number

4. Website

5. Name(s) and position(s) of people completing this assessment

6. Contact person for this assessment

Name	<div style="border: 1px solid black; height: 35px;"></div>
Phone number	<div style="border: 1px solid black; height: 35px;"></div>
Email	<div style="border: 1px solid black; height: 35px;"></div>

7. Type of practice [CHECK ALL THAT APPLY]

- Adolescent health care
- Family medicine
- Sexual health clinic
- Family planning or OB/GYN
- Pediatrics
- School-based clinic
- Other, please specify

8. What services are provided to adolescent clients?

- Sexual and reproductive health care
- Sports physicals
- Primary care
- Mental health counseling
- Prenatal care
- Drug and alcohol
- Other, please specify

9. What are your clinic hours? (Enter the nearest hour if necessary)

	Start	Close
Monday	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>

10. What is the minimum age of the clients you see for sexual and reproductive health services

11. What are the eligibility requirements for clients to receive services at your clinic. (i.e., geographic location, age, school, etc.)

2 Confidential care

CONFIDENTIAL CARE

12. Does your clinic provide sexual and reproductive health services to adolescent clients without a parent/guardian present?

- Yes
- No (if checked "no", please explain)

13. How often are adolescent clients offered the opportunity to talk with a clinician privately during their visit?

- Always
- Most of the time
- About half the time
- Less than half the time
- Never

14. Is it routine practice for adolescent clients to be offered to have a private conversation with the provider even when they come to the clinic with their parent, guardian or other adult?

Yes

No (if checked "no", please explain)

15. Is it routine practice for adolescent clients to have a private conversation with the provider even when they come to the clinic with their partner or a friend?

Yes

No (if checked "no", please explain)

16. When a parent is present, do you involve them in a culturally responsive conversation about a minor's right to confidentiality and consent for certain types of health care under the MN Minor's Consent law?

Yes

No

17. How often is confidential contact information for adolescent clients collected and/or updated?

At every visit

Every 6 months

at least once per year

This information is not collected

18. Do you train all staff who interact with adolescents on protecting adolescent confidentiality?

- Yes
- No

19. Does your clinic have a system to protect patient confidentiality when using electronic health care records?

	Yes	No
Clinic notes	<input type="radio"/>	<input type="radio"/>
Medication list	<input type="radio"/>	<input type="radio"/>
Lab	<input type="radio"/>	<input type="radio"/>
Billing	<input type="radio"/>	<input type="radio"/>
Record transfer	<input type="radio"/>	<input type="radio"/>

20. What gets in the way of guaranteeing full confidentiality in ***billing*** for adolescent clients?

21. How often does your clinic staff inform adolescents using commercial insurance or Medicaid about billing processes and their right to request confidential communication with health insurance carriers?

- At every visit
- Once per year
- When insurance changes
- Never

22. Is youth-friendly, easy to understand information on young peoples' right to confidential services prominently displayed?

- Yes
- No

22a. If yes, where is it displayed?

- Waiting room
- Exam room
- Bathroom
- Other, please specify

23. Are adolescent clients encouraged to involve trusted adults in their care?

- Yes
- No

24. Reflection on the questions related to this section: Confidential Care, are there any items in this section you would like to work on?

25. What resources or training could Hennepin County offer that would help you to better meet the best practices in this section?

3 Accessibility

ACCESSIBILITY

26. Do you offer appointments during any of the following times?

[CHECK ALL THAT APPLY]

- After school
- Evening
- Weekend
- None of the above

27. How many days per week are you open for appointments for adolescents?

- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- More than 5 days

28. How often do you remind adolescents of upcoming appointments via their preferred contact method (text, phone call, other)?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

29. Do you offer same-day appointments?

- Yes
- No

30. Do you offer walk-in appointments?

- Yes
- No

31. Do no-show or late-show rules accommodate adolescent clients who may face barriers keeping or being on time to appointments (i.e., transportation, lack of confidence, etc.)?

- Yes
 No

32. What is the average number of days to the next available scheduled appointment (not including sports physicals or routine physical exams)?

- Same day
 1 to 3 days
 4 to 7 days
 8 to 14 days
 More than 14 days

33. Do you have flexible options for adolescents to schedule appointments outside of standard day time phone calls? (i.e, online scheduling, scheduling by text or evening/weekend call center hours)

- Yes
 No

34. Do you have a triage system to identify teens with urgent needs?

- Yes
 No

35. If an adolescent shows up to your clinic without any identification, can they be seen at your clinic for sexual and reproductive health services?

- Yes
 No

36. Does your clinic accept MFPP (Minnesota Family Planning Program)?

- Yes
 No

37. If you accept MFPP, are adolescents able to sign up for MFPP or other financial assistance on site?

- Yes
 No

38. Does your clinic have a sliding fee scale for sexual and reproductive health care for adolescent clients?

- Yes
 No

39. If you have a sliding fee scale for adolescent clients, does it slide down to zero?

- Yes
 No

40. What is the basis for determining costs for adolescents using your sliding fee scale for sexual and reproductive health care?

- Adolescent's personal income
 Adolescent's household income

Other (please specify)

41. Does your clinic accept Medicaid?

- Yes
- No

42. Does your clinic accept commercial insurance?

- Yes
- No

43. Does your clinic refer adolescent clients to collections?

- Yes
- No

44. How does your physical clinic space create a welcoming and friendly environment?

45. How do staff in your clinic create a welcoming and friendly environment?

46. Reflections on questions related to this section: accessibility, are there any items in this section you would you like to work on?

47. What resources or training could Hennepin County offer that would help you to better meet the items in this section?

4 Client Centered Care

CLIENT CENTERED CARE

48. Please indicate if your clinic provides ongoing staff training in the following areas
[CHECK ALL THAT APPLY]

- Adolescent sexual development and reproductive health
- Adolescent mental health
- Unique needs of LGBTQ+ youth including gender identity, proper use gender pronouns and names

- Culturally competent/sensitive health care
- Trauma informed care
- Sexual and reproductive health rights for adolescents
- Sexual violence, trafficking, and exploitation as it relates to adolescent sexual health
- MN laws regarding minors and abortion
- Adoption resources in MN
- Paternity laws and procedures in MN

49. During the hiring process of providers who will care for adolescent clients, how frequently do you assess candidate's comfort with and enthusiasm for working with a diverse population of adolescents?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

50. How do you accommodate clients who are non-English speakers or deaf and hard of hearing?

[CHECK ALL THAT APPLY]

- Bi-lingual staff
- Interpreters provided at no cost
- Telephone language line services and TTY
- Health education materials available in multiple languages
- Health education materials that utilize simple language
- No language/sign-language services are available
- Other, please specify

51. If the appropriate language services are not available when a client comes to the clinic, what is your protocol?

- Reschedule appointment for when language services are available
- Refer to another clinic that can provide appropriate care
- Serve them when they are here as best we can
- Other

52. Are charting protocols inclusive of client identified pronouns, names and name changes?

- Yes
- No

53. Does your clinic have counseling services to support youth exploring gender identity and sexual orientation?

- Yes
- No, but we provide specific referrals
- No

54. How many of your providers are specialty trained in adolescent health?

55. How does your clinic gather ***adolescent specific*** client feedback ***at least annually?***

[CHECK ALL THAT APPLY]

- An adolescent specific survey
- A general patient survey administered to adolescents
- Listening sessions with adolescents
- Focus groups with adolescents
- Other client feedback method with adolescents (please specify)
- We DO gather adolescent specific client feedback, but NOT annually.
- We do NOT gather any type of adolescent specific feedback

56. Please give one example of a service improvement that was made as a result of patient feedback.

57. Reflections on questions related to this section: Client Centered Care, are there any items in this section you would like to work on?

58. What resources or training could Hennepin County offer that would help you to better meet the items in this section?

5 Screening

SCREENING

59. Does your assessment process address the following?

[CHECK ALL THAT APPLY]

- Sexual health and history
- Alcohol, tobacco and other drug use
- Mental health and mental wellbeing
- Physical safety and access to weapons
- Family relationships
- Peer and partner relationships
- Education
- Sexual violence
- Sexual exploitation/sex trafficking
- Sexual coercion
- Sexual orientation
- Gender identity
- Running away/homelessness

60. How frequently do you update the client information on this assessment?

- At every visit
- Annually
- As indicated
- Not a part of routine practice

61. How often do providers assess who the supportive adults are in their adolescent clients' lives?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

62. At what age does your clinic routinely begin to do an age-appropriate assessment of a client's sexual health?

- Age 12
- Age 13-15
- Age 16 or older
- We don't have a specific age

63. How often is education/resources provided on the following topics with adolescent clients?

	At every visit	Annually	As indicated	Not a part of routine practice
a. Sexual decision making, including healthy relationships, consent, delaying or abstaining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. STI risk and prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pregnancy risk and prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. HIV risk prevention including PrEP and PEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Condom use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Birth control use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Emergency contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64. What type of referral system do you have in place for the following services not offered on-site? [CHECK ALL THAT APPLY]

	A referral list	An established relationship with a referral source	Get or seek feedback or follow-up reports from the referral source	None
a. Alcohol, tobacco, and drug abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sexual violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Services specific to LGBTQ+ youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65. How often do staff assist clients in making connections with referral resources?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

66. Reflections on questions related to this section: screening, are there any items in this section you would like to work on?

67. What resources or training could Hennepin County offer that would help you to better meet the items in this section?

6 Contraception

CONTRACEPTION

68. Do you provide education and counseling related to birth control choices?

- Yes
 No

69. If yes, please check those methods included in your contraceptive decision-making education?

- Oral contraceptive pills (birth control pills)
 Injectable contraceptives (Depo-Provera)
 The Patch (Ortho Evra skin patch)
 Implants (Nexplanon)
 Progestin intrauterine device (Mirena, Skyla, Liletta)
 Copper intrauterine device (Paragard)
 The vaginal ring (Nuva Ring)
 Emergency Contraception
 Male condoms/External condoms
 Female condoms/Internal condoms

70. For which of the following methods does your clinic write a prescription or dispense on-site to adolescent clients? [CHECK ALL THAT APPLY]

We do not offer this method
to adolescents

	Prescribe	Dispense on site	We do not offer this method to adolescents
a. Birth Control Pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Injectable Contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The Patch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The vaginal ring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. External condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Internal condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. IUD – progestin and or copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Implants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

71. What is your practice regarding Emergency Contraception for immediate use?
[CHECK ALL THAT APPLY]

- Prescribe for purchase at pharmacy
 Dispense on site
 Neither prescribe nor dispense

72. Does your clinic prescribe and/or dispense emergency contraception for advance use? [CHECK ALL THAT APPLY]

- Prescribe for purchase at pharmacy
 Dispense on site
 Neither prescribe or dispense

73. Does your clinic provide effective emergency contraceptive for clients of all sizes?

- Yes
 No

74. Do your providers routinely use the Quick Start method for starting hormonal-based contraceptives?

- Yes
 No

75. Does your clinic routinely require a pelvic exam prior to prescribing hormonal-based contraceptives?

- Yes
 No

76. Reflections on questions related to this section: contraception, are there any items in this section you would like to work on?

77. What resources or training could Hennepin County offer that would help you to better meet the items in this section?

7 Sexually Transmitted Infections (STDs)

SEXUAL TRANSMITTED INFECTIONS

78. Do you routinely screen all sexually active adolescent clients for STIs at least annually?

- Yes
 No

79. Which of the following STIs do you screen for?

- Chlamydia
 Gonorrhea
 HIV
 Syphilis
 Other, please specify

80. Does your clinic provide site specific STI testing (i.e. anal, oral, vaginal testing) as needed based on risk assessment?

- Yes
 No

81. When a young person presents with symptoms of an STI, do you have the capacity to... ? [CHECK ALL THAT APPLY]

- Test

- Treat
- Refer
- None of above

82. Does your clinic have standing orders for STI testing for non-medical providers?

- Yes
- No

83. Does your clinic provide rapid HIV testing on site?

- Yes
- No

84. Does your clinic have a clear protocol for communicating HIV test results whether positive or negative?

- Yes
- No

85. Does your clinic have a protocol for immediate care for newly diagnosed HIV positive adolescents?

- Yes
- No

86. Does your clinic have a referral or follow-up protocol for on-going care for adolescent clients who test positive for HIV?

- Yes
 No

87. Does your clinic provide referrals for PrEP and PEP as needed or requested by clients?

- Yes
 No

88. Does your clinic provide expedited partner therapy or a referral for Chlamydia and Gonorrhea?

- Yes
 No

89. At what point are Pap tests routinely initiated for adolescent clients?

[CHECK ALL THAT APPLY]

- At age 21
- At another age, please specify
- When client becomes sexually active
- We have no standard practice

90. Does your clinic routinely discuss the importance of HPV and Hep B vaccine with all adolescent clients?

- Yes
 No

91. Does your clinic administer the HPV and Hep B vaccine on-site?

- Yes
 No

92. How often do clinicians discuss condom use and safer sex practices with adolescent clients?

- At every visit
 Annually
 As indicated
 Not a part of routine practice

93. Can young people get free condoms at your clinic?

- Yes
 No

94. Does your clinic offer other safer sex supplies (e.g., dental dams, condoms/internal condoms, lube)

- Yes
 No

95. Reflections on questions related to this section: *Sexually Transmitted Infections*, are there any items in this section you would like to work on?

96. What resources or training could Hennepin County offer that would help you to better meet the items in this section?

8 Pregnancy testing

PREGNANCY TESTING

97. Does your clinic provide pregnancy tests to adolescent clients?

- Yes
 No

98. How often are pregnancy test results provided in a confidential setting?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

99. When an adolescent is presented with a positive pregnancy test, are they given the opportunity to discuss their feelings and options regarding the pregnancy?

- Yes
- No

100. What type of counseling is offered when a client has a positive pregnancy test?
[CHECK ALL THAT APPLY]

- All options are offered, including abortion
- Selected options are offered
- We do not offer pregnancy counseling

101. How often is contraception discussed when negative pregnancy test result is given?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

102. Does your clinic have a protocol for follow-up and support with positive pregnancy tests?

- Yes
 No

103. Does your clinic have a referral list for abortion services that has been updated in the last year?

- Yes
 No

104. Does your clinic have a referral list for agencies that provide prenatal care that has been updated in the last year?

- Yes
 No

Does your clinic have a referral list for adoption agencies that has been updated in the last year?

- Yes
 No

106. Reflections on questions related to this section: Pregnancy Testing, are there any items in this section you would like to work on?

107. What resources or training could Hennepin County offer that would help you to better meet the items in this section?

Closing

Thank you for completing the MyClinic Assessment Tool. Our team will contact you within a month to share your clinic's evaluation results.

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