

2017

MyClinic resources

better together
HENNEPIN

healthy communities – healthy youth



Hennepin County
Public Health

1. Introduction
2. Background and guiding principles
3. Standards of care and best practices for adolescent sexual health care
4. Assessment tools
 - Assessment questions
This document lists the questions on the assessment tool.
 - Assessment questions – aligned with standards of care and answers
This chart connects assessment questions to the standards of care and best practices and identifies the correct answer.
 - Assessment summary (sample)
All clinics that complete the online assessment receive a summary that highlights their strengths and weaknesses based on their answers to the assessment questions. Included is a sample assessment summary.
 - Sample of the online assessment tool (PDF)
5. Standards of care and related assessment questions
6. Clinic Customer Service Analysis Calls (CC-SAC)
 - Overview
 - CC-SAC call logs
Call scenario templates for pregnancy test, birth control and STI appointments
 - CC-SAC call log summary (sample)
All clinics receive a summary of their CC-SAC calls. Included is a sample call summary.
7. Other resources
 - Adolescent specific client satisfaction survey
 - MySelf MyHealth Website www.myselfmyhealth.org
8. Acknowledgement and contacts

Our Goal

Access to sexual and reproductive health care is critical to preventing teen pregnancy and reducing sexually transmitted infections. “Access” is more than being logistically accessible; Access also means high quality and youth friendly care. Adolescence is a time of rapid growth and change that presents unique health care needs, challenges and opportunities that deserve specialized care. To assure youth of a network of high quality and youth friendly health care organizations, Better Together Hennepin initiated the *MyClinic* project in 2011.

Background

Better Together Hennepin convened an advisory board of local experts to guide the *MyClinic* work. The advisory board developed Standards of Care, drawing upon international, national, and local resources, including the World Health Organization, the National Alliance to Advance Adolescent Health, and the New York City Health Teens Initiative. Next, the advisory board developed a Self-Assessment Tool for health care organizations to assess how youth friendly their sexual and reproductive health services are and to identify training and technical assistance needs.

MyClinic Process

In 2014, Better Together Hennepin conducted a *MyClinic* evaluation process with more than 25 health care organizations participating (school based clinics, adolescent health clinics, community health centers). The process consisted of two parts. First, organizations completed an online Assessment Tool (reference on this website as a pdf) that includes over 100 questions related to the Standards of Care and best practices. Second, organizations participated in Clinic Customer Service Analysis Calls (CCSAC). The CCSAC process uses trained youth to “mystery shop” organizations to assess how youth friendly the staff is when a young person calls for an appointment.

Outcomes

Better Together Hennepin consultants analyzed the results. Organizations received summary reports of their Assessment Tool and the CCSAC calls which many used to guide their internal quality improvement goals. This evaluation and process was conducted again in 2016 with 29 clinics participating. Organizations meeting the Standards of Care are listed on myselfmyhealth.org, a site designed and used by youth to find youth-friendly clinics and they are included in a pocket guide for youth that is widely distributed to clinics, schools and other organizations that reach youth. .

Better Together Hennepin provides technical assistance and hosts ongoing training to strengthen health care organizations’ ability to serve youth. Training topics have included providing sensitive care to LGBTQ youth, culturally competent care to youth of diverse racial and ethnic backgrounds, delivery of trauma informed care, and strategies for creating a LARC-friendly clinic culture

Better Together Hennepin hopes that the *MyClinic* resources will guide other entities in supporting high quality, youth friendly health care organizations and inform the larger health care system about what is needed to provide the best possible care to young people.

MyClinic was initiated in 2011 to increase young people's access to exemplary, adolescent-centered sexual health care services in Hennepin County. The goals of the *MyClinic* project are to provide a mechanism for health care organizations to assess how adolescent friendly their sexual and reproductive health services are, identify training and technical assistance needs, and make changes to ensure their practices are aligned with the standards and best practices for adolescent sexual and reproductive health.

Better Together Hennepin (BTH) convened an advisory board of local experts in the provision of sexual and reproductive health care to teens and young adults to guide the work. Informed by the National Alliance to Advance Adolescent Health and the New York City Health Teens Initiative, the advisory board developed *Standards of Care* for providing the high-quality adolescent-focused sexual health care and the *MyClinic* assessment tools and resources.

The Assessment Process: A broad base of adolescent health clinics, school based clinics, and community health centers were invited to participate in the *MyClinic* assessment process. The assessment process consists of two parts – completion of an on-line assessment tool and participation in the Clinic Customer Service Analysis Calls (CCSAC) process. The assessment tool includes 100+ questions related to the standards of care and best practices. The CCSAC process uses trained young people to call the clinics to assess how adolescent friendly the staff is when a young person calls for an appointment. Clinics receive summary reports of their assessment tool and CCSAC calls.

The Scope: BTH recognizes the complex and unique health care needs of adolescents, including physical health, sexual health, substance use, mental and emotional health and exposure to violence. Though all are important and interconnected, the *MyClinic* resources and assessment tools focus on adolescent sexual health. It is our hope that these resources will inform the larger health care system about what is needed to provide the best possible care to young people.

Guiding Principles

The Standards of Care and Best Practices for Adolescent Sexual Health are based on the following set of guiding principles that reflect the values and beliefs of the *MyClinic* project.

1. Adolescence is a time of rapid growth and change that presents unique health care needs, challenges and opportunities.
2. Adolescents should be seen as competent, capable partners in their health care decisions.
3. Adolescents have the right to confidential health care related to their sexual and reproductive health, alcohol and other drug use, and certain mental health issues.
4. Adolescents need safe and trusted adults as partners in their health and development, including parents and other caregivers, health care providers, counselors, teachers, etc.
5. Optimal adolescent health includes a young person's physical, emotional, cognitive and social growth and development.
6. Both personal and environmental factors contribute to the health and well-being of young people. All clinical services delivered to young people should be reflective of trauma-informed practices.
7. Young people deserve a full range of information and options related to their reproductive and sexual health so they can make healthy decisions now and that will carry into adulthood.

When providing sexual health care to adolescents, providers should:

1. Guarantee confidentiality and adolescents' rights to consent to sexual and reproductive health care.
2. Make services accessible and facilities welcoming to adolescents.
3. Deliver patient-centered care that is sensitive to each adolescent's culture, ethnicity, community values, religion, language, educational level, sex, gender and sexual orientation.
4. Screen all adolescents for sexual and reproductive health issues, including substance use and mental health concerns, and provide appropriate education, counseling, care or referral.
5. Provide contraceptive methods, including emergency contraception (EC), to adolescents at risk for unintended pregnancy.
6. Provide prevention, testing and treatment of sexually transmitted infections.
7. Offer information, assistance and support for all decisions regarding pregnancy.

Best Practices for Meeting Standards of Care

Below is a detailed list of best practices for meeting the standards of care for comprehensive sexual health care for adolescents.

Standard 1

Guarantee confidentiality and adolescents' rights to consent to sexual and reproductive health care.

Best Practices:

- A. Every visit includes an opportunity for a confidential conversation between clinician and adolescent client.
- B. Health care records, including clinic notes, medication lists, lab results, and record transfers are set up to protect minor's ability to maintain confidentiality, and allows adolescent clients to control who has access to them.
- C. Billing procedures ensure client confidentiality.
- D. Staff is routinely trained on and follows Minnesota minor's consent and confidentiality laws.
- E. Confidential contact information for adolescent patients is routinely collected and updated.
- F. Adolescent clients are encouraged to involve trusted adults in their care.
- G. Clinic has a process for obtaining informed consent at each visit regarding services covered by MN minor's consent and confidentiality laws (pregnancy, contraception, STIs, mental health and substance use).
- H. Minnesota adolescent consent laws are prominently displayed or as per data privacy requirements.

Standard 2

Make services accessible and facilities welcoming to adolescents.

Best Practices:

- A. After-school and/or weekend hours are offered; same day appointments are available.
- B. Scheduling protocols allow adolescents to be seen for sexual health issues within three days of requesting an appointment.
- C. Clinic offers sliding fee scale, MFPP, Medical Assistance or other financial assistance options. Staff member is available at time of visit to inform adolescents about MA, MFPP or other financial assistance options.

- D. Though identification may be requested, clinic protocols allow young people to be seen without proof of identification if a best faith effort is made to verify client's identity.
- E. Environment and tone of office is welcoming and comfortable to adolescents.
- F. Clinic staff, including front desk, phone, education and providers, is comfortable with and enthusiastic about working with adolescents, and reflect the diversity of the patient population served.
- G. Communication technologies used are consistent with adolescents' preferred modes of communication (e.g., texting, social media, etc.)

Standard 3

Deliver patient-centered care that is sensitive to each adolescent's culture, ethnicity, community values, religion, language, educational level, sex, gender and sexual orientation.

Best Practices:

- A. Clinicians and health educators provide scientifically sound, non-judgmental education and counseling on sexual development and reproductive health.
- B. Clinic offers reproductive and sexual health services to youth of all genders.
- C. Staff tailors visit to the developmental and learning needs and abilities of adolescent clients.
- D. Staff tailors visit to the culture, ethnicity, religion, sex, gender and sexual orientation of adolescent clients served.
- E. Staff tailors visit to the unique needs of lesbian, gay, bisexual, queer and questioning youth.
- F. Clinic staff is prepared to support young people as they explore gender identity, which includes meeting the unique needs of transgender, gender nonconforming, and gender expansive clients.
- G. Language assistance services, including bilingual staff and interpreter services, are provided at no cost to each patient with limited English proficiency.
- H. Health education materials are provided through a medium used by young people, at appropriate reading levels and in appropriate language/s.
- I. Comprehensive referral lists are developed and kept up-to-date of community-based services that are culturally sensitive, have bilingual staff and interpreter services, etc.
- J. Adolescent specific client satisfaction surveys are regularly distributed to adolescents and service improvements are addressed.

Standard 4

Screen all adolescents for sexual and reproductive health issues, including substance use, and mental health concerns, and provide appropriate education, counseling, care or referral.

Best Practices:

- A. Clinicians see every visit as an opportunity to address HIV, STI and pregnancy prevention with all adolescent clients.
- B. Clinicians use a standardized health assessment tool with all adolescents that includes a sexual history and screening for alcohol, tobacco, and drug use, healthy relationships, violence, sex trafficking, and other psychosocial issues.
- C. Clinicians and health educators provide counseling on sexual decision making, including delaying or abstaining from anal, oral or vaginal intercourse.
- D. Clients are advised to receive sexual health screening at least once a year, or more often if they have a new partner, symptoms and/or suspicion of pregnancy or exposure to an STI or HIV.
- E. Linkages* are in place for referrals to care for alcohol, tobacco and drug abuse; mental health concerns; and other social service needs (e.g., education, housing) not offered on site.
- F. Linkages are in place for referrals for clinical care and behavioral and social services specific to LGBTQ youth that are not offered on site.
- G. Linkages are in place for referrals for services related to sexual violence.
- H. Staff assists clients in making connections with referral resources, and has a protocol for follow-up, particularly with the most complex and vulnerable clients.

**The term "linkages" is defined as having a relationship, either formal or informal, with a referral source that has an established history of providing quality care to adolescent clients.*

Standard 5

Provide contraceptive methods, including emergency contraception (EC), to adolescents at risk for unintended pregnancy.

Best Practices:

- A. Clinicians and health educators provide counseling on the most current contraceptive methods effective for adolescents, including specific instruction on use of chosen method.
- B. Clinicians and health educators discuss partner support for the chosen method.
- C. Clinic provides hormonal contraception. Pelvic exams are not required before provision of hormonal contraceptives, including EC. Quick-start method is used to initiate contraceptives when appropriate.
- D. Clinic provides or refers for long acting reversible contraceptives (LARC), e.g. IUDs & implants.
- E. Clinic provides emergency contraception on site.
- F. Clinicians and health educators offer condoms and other safer sex supplies to all adolescent clients.

Standard 6

Provide prevention, testing and treatment of sexually transmitted infections

Best Practices:

- A. Clinic routinely screens all sexually active adolescents and their partners for STIs at least annually.
- B. Clinic routinely screens all sexually active adolescents and their partners for HIV at least annually or refers to free, low cost and/or anonymous testing sites.
- C. Clinic offers counseling and treatment or refers all adolescents who test positive for an STI.
- D. Clinicians inform all sexually active adolescents about Pap tests and the importance of being screened.
- E. Clinicians and health educators offer condoms and other safer sex supplies to all adolescent clients.
- F. Clinic follows community-based referral protocol for adolescents who test positive for HIV.
- G. Clinic provides expedited partner treatment for Chlamydia and Gonorrhea when appropriate.
- H. Clinicians ensure all adolescent clients are up-to-date on HPV and HepB vaccinations; clinic administers vaccinations or makes appropriate referral.

Standard 7

Offer information, assistance and support for all decisions regarding pregnancy.

Best Practices:

- A. Clinic provides pregnancy tests for adolescent clients; clinician/health educator presents pregnancy test results in a confidential setting.
- B. Clinician/health educator provides options counseling to all adolescents with a positive pregnancy test, which includes discussing pregnancy options (parenting, abortion and adoption), assessing risk of violence and determining sources of support.
- C. Clinician/health educator provides contraceptive counseling to all adolescents with a negative pregnancy test.
- D. Clinic provides follow-up and support to all adolescent clients with a positive pregnancy test.
- E. Clinic staff knows MN laws regarding abortion, adoption and paternity.
- F. Clinic has up-to-date referrals to adoption agencies, abortion providers and prenatal care providers.

General Information

1. Clinic name _____
2. Clinic address _____
3. Clinic appointment phone number _____
4. Website _____
5. Medical Director _____
6. Clinic Director/Administrator _____
7. Name(s) and position(s) of people completing this assessment _____
8. Contact person for this assessment (name, phone and email) _____
9. Type of practice:
 - A. Adolescent health care
 - B. Family medicine
 - C. Family planning or OB/GYN
 - D. Pediatrics
 - E. School-based clinic
 - F. Other
10. What services are provided to adolescent clients:
 - A. Sexual and reproductive health care
 - B. Sports physicals
 - C. Primary care
 - D. Mental health counseling
 - E. Prenatal care
 - F. Drug and alcohol
 - G. Other _____
11. What hours are you open for clinic appointments?
12. What is the minimum age of the clients you see for sexual and reproductive health services?
13. How many unduplicated adolescent clients (ages 12-21) did you see in the past year (January 2015–December 2015)?

14. Are your facility's services available to anyone living in the Twin Cities or do you have specific geographic requirements?

Confidential Care

15. Does your clinic provide sexual and reproductive health services to adolescent clients without a parent/guardian present?
A. Yes B. No If no, please explain
16. How often are adolescent clients offered the opportunity to talk with a clinician privately during their visit?
A. 100% of the time
B. 80-99% of the time
C. 50-79% of the time
D. Less than 50% of the time
17. Is it routine practice for adolescent clients to have a private conversation with the provider even when they come to the clinic with their parent, guardian or other adult?
A. Yes B. No If no, please explain
18. 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?
A. Yes B. No If no, please explain
19. When a parent is present, do you involve them in a conversation about a minor's right to confidentiality and consent for certain types of health care under the MN Minor's Consent law?
A. Yes B. No
20. Does your clinic have a process to obtain adolescent clients' informed consent for reproductive and sexual health services?
A. Yes B. No If no, please explain
21. How is consent for reproductive and sexual health services obtained from adolescent clients?
Check all that apply
A. Sign a paper consent form
B. Provide verbal consent that is documented in the chart
C. Provide brief explanation of consent process and care for which they are consenting
D. Ask key questions to assess understanding of consent
E. We require parental/guardian consent for all services
22. Is confidential contact information for adolescent clients routinely collected?
A. Yes B. No If no, please explain
23. How often is confidential contact information for adolescent clients updated?
A. At every visit
B. Every 6 months
C. 1x/year
D. This information is not collected
24. Do you have a protocol for routinely training staff on protecting adolescent confidentiality?
A. Yes B. No

25. Which of the following staff received training on protecting adolescent confidentiality in the past year?
- A. Schedulers
 - B. Intake/front desk
 - C. Providers
 - D. Medical assistants/nurses
 - E. Lab
 - F. Billing
 - G. Education staff/community health workers
 - H. Mental health/ATOD providers
 - I. No staff received training
26. Does your clinic have a system to protect patient confidentiality when using electronic health care records?

| | Yes | No |
|-----------------|-----|----|
| Clinic notes | | |
| Medication list | | |
| Lab | | |
| Billing | | |
| Record transfer | | |

27. What gets in the way of guaranteeing full confidentiality in billing for adolescent clients?
28. Do you routinely inform adolescents using private insurance or Medicaid about their right to request confidential communication with health insurance carriers?
- A. Yes
 - B. No
- If no, please explain
29. Is there information on young peoples' right to confidential services prominently displayed?
- A. Yes
 - B. No
- If yes, where is it displayed (text box with waiting room, exam room, bathroom)
30. What documentation is required for an adolescent to be seen at your clinic?
- A. State-issued identification (e.g., MN State ID card, driver's license, etc)
 - B. Some type of photo ID (e.g., school issued ID card)
 - C. Any form of ID (e.g., debit card, insurance card, social media identifier)
 - D. No documentation required
31. If an adolescent shows up to your clinic without any identification, can they be seen at your clinic for sexual and reproductive health services?
- A. Yes
 - B. No
- If no, please explain
32. Reflections on the questions related to confidentiality: Are there any items in this section you would you like to work on?
33. What resources or training could Hennepin County offer that would help you to better meet the items in this section?

Accessibility

34. Do you offer appointments during any of the following times?
Check all that apply
- A. After school
 - B. Evening
 - C. Weekend
 - D. None of the above
35. How many days per week are you open for appointments for adolescents?
- A. 1
 - B. 2
 - C. 3
 - D. 4
 - E. 5
 - F. More than 5
36. How often do you remind adolescents of upcoming appointments via their preferred method (text, phone call, other)?
- A. Always
 - B. Most of the time
 - C. Sometimes
 - D. Rarely
 - E. Never
37. Do you offer same-day appointments?
- A. Yes
 - B. No
38. Do you offer walk-in appointments?
- A. Yes
 - B. No
39. What is the average number of days to the next available scheduled appointment (not including sports physicals or routine physical exams)?
- A. Same day
 - B. 1-3 days
 - C. Within a week
 - D. Within 2 weeks
 - E. More than 2 weeks
40. Do you have a triage system to identify teens with urgent needs?
- A. Yes
 - B. No
41. For young people with an urgent need within your scope of services, how quickly are they typically seen?
- A. Same day
 - B. 1-2 days
 - C. Within a week
42. Does your clinic accept MFPP (Minnesota Family Planning Program)?
- A. Yes
 - B. No
43. If you accept MFPP, are adolescents able to sign up for MFPP on site?
- A. Yes
 - B. No

44. Does your clinic have a sliding scale for sexual and reproductive health care?
 - A. Yes
 - B. No
45. If you have a sliding fee scale does it slide down to zero?
 - A. Yes
 - B. No
46. What is the basis for determining costs for adolescents using your sliding scale for sexual and reproductive health care?
 - A. Adolescent's personal income
 - B. Adolescent's household income
 - C. Other, please specify _____
47. Does your clinic accept Medicaid?
 - A. Yes
 - B. No
48. Does your clinic accept private insurance?
 - A. Yes
 - B. No
49. Is there any other way your clinic accommodates adolescent clients needing financial assistance?
 - A. Yes
 - B. No
 - If yes, please explain
50. What does your clinic do to ensure young people feel welcome and comfortable?
51. Reflections on questions related to accessibility: Are there any items in this section you would you like to work on?
52. What resources or training could Hennepin County offer that would help you to better meet the items in this section?

Patient Centered Care

53. Please indicate if your clinic provides ongoing staff training in the following areas:
 - A. Adolescent sexual development and reproductive health
 - B. Adolescent mental health
 - C. Unique needs of lesbian, gay, bisexual and transgender youth
 - D. Culturally competent/sensitive health care
 - E. Trauma informed care
 - F. Sexual and reproductive health rights for adolescents
 - G. Sexual violence and exploitation as it relates to adolescent sexual health
 - H. MN law regarding violence/exploitation of adolescents, e.g., Safe Harbor
 - I. MN laws regarding minors and abortion
 - J. Adoption resources in MN
 - K. Paternity laws and procedures in MN

54. Please indicate which of the topics below you provided training in the last year and the percentage of staff that received training.
- Adolescent sexual development and reproductive health
 - Adolescent mental health
 - Unique needs of lesbian, gay, bisexual and transgender youth
 - Culturally competent/sensitive health care
 - Trauma informed care
 - Sexual and reproductive health rights for adolescents
 - Sexual violence and exploitation as it relates to adolescent sexual health
 - MN law regarding violence/exploitation of adolescents, e.g., Safe Harbor
 - MN laws regarding minors and abortion
 - Adoption resources in MN
 - Paternity laws and procedures in MN
55. During the hiring process of providers who will see teens and young adults, how frequently do you assess candidate's comfort with and enthusiasm for working with adolescents?
- Always
 - Most of the time
 - Sometimes
 - Rarely
 - Never
56. How do you accommodate clients who speak the following languages? Chose from choices below
- | | |
|--------------|--------------------------|
| ▪ Spanish | ▪ Chinese |
| ▪ Hmong | ▪ French |
| ▪ Somali | ▪ Russian |
| ▪ Oromo | ▪ Laotian |
| ▪ German | ▪ Ojibwe |
| ▪ Vietnamese | ▪ American Sign Language |
- Choices:
- Bi-lingual staff
 - Interpreters provided at no cost
 - Telephone language line services
 - Health education materials available
 - Health education materials at appropriate reading levels
 - No language services are available
 - Other
57. 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
58. How many of your providers are specialty trained in adolescent health?
59. Does your clinic administer adolescent specific client satisfaction surveys to adolescents at least annually?
- An adolescent specific survey is administered to adolescents annually
 - A general patient survey is administered to adolescents annually
 - We do not administer any type of patients satisfaction survey to adolescents

60. Please give one example of a service improvement that was made as a result of patient feedback.
61. Reflections on questions related to patient centered care: Are there any items in this section you would you like to work on?
62. What resources or training could Hennepin County offer that would help you to better meet the items in this section?

Screening

63. Does your assessment process address the following?
 - A. Sexual health and history
 - B. Alcohol, tobacco and other drug use
 - C. Mental health
 - D. Family relationships
 - E. Peer and partner relationships
 - F. Education
 - G. Sexual violence
 - H. Sexual exploitation/sex trafficking
 - I. Sexual coercion
 - J. Sexual orientation
 - K. Running away/homelessness
64. How frequently do you update the client information on this assessment?
 - A. At every visit
 - B. Annually
 - C. As indicated
 - D. Annually and as indicated
 - E. Not a part of routine practice
65. If you use a standardized health assessment tool, what do you use (e.g. HEADSSS)?
66. Do providers assess who the supportive adults are in their adolescent clients' lives?
 - A. Always
 - B. Most of the time
 - C. Sometimes
 - D. Rarely
 - E. Never
67. Is this assessment recorded in the chart?
 - A. Yes
 - B. No
68. At what age does your clinic routinely begin to do an age appropriate assessment of a client's sexual health?
 - A. 12
 - B. 13-15
 - C. 16
 - D. When they are sexually active
 - E. We don't have a specific age

69. How often are the following addressed with adolescent clients? Please answer for female identified patients, male identified patients and transgender patients (gender queer, gender nonconforming, gender fluid).
- Sexual decision making, including healthy relationships, delaying or abstaining from anal, oral or vaginal intercourse
 - STI risk and prevention
 - Pregnancy risk and prevention
 - HIV risk prevention
 - Condom use
 - Birth control use
 - Emergency contraception
 - Consent
- A. At every visit
B. Annually
C. As indicated
D. Annually and as indicated
E. Not a part of routine practice
70. What type of referral system do you have in place for the following services not offered on-site?
- Alcohol, tobacco and drug abuse
 - Mental health
 - Sexual violence
 - Services specific to LGBTQ youth
- A. A referral list
B. An established relationship with a referral source
C. Get or seek feedback or follow-up reports from the referral source
71. How often do staff assist clients in making connections with referral resources
- A. Always
B. Most of the time
C. Sometimes
D. Rarely
E. Never
72. Reflections on questions related to screening: Are there any items in this section you would you like to work on?
73. What resources or training could Hennepin County offer that would help you to better meet the items in this section?

Contraception

74. Do you provide education and counseling related to birth control choices?
A. Yes B. No
75. If yes, please check those methods included in your contraceptive decision making education?
A. Oral contraceptive pills (birth control pills)
B. Injectable contraceptives (Depo-Provera)
C. The Patch (Ortho Evra skin patch)
D. Implants (Nexplanon)
E. Progestin intrauterine device (Mirena, Skyla, Liletta)
F. Copper intrauterine device (Paragard)
G. The vaginal ring (Nuva Ring)
H. Emergency Contraception (Morning After Pill, Plan B, Ella)
I. Male condoms/Exterior condoms
J. Female condoms/Interior condoms
76. How often is partner support for the chosen method included in counseling and education?
A. Always
B. Most of the Time
C. Sometimes
D. Rarely
E. Never
77. For which of the following methods does your clinic write a prescription, refer or dispense on-site to adolescents? Check all that apply. (Matrix)
A. Prescribe
B. Dispense on site
C. Refer
D. We do not offer or refer for this method to adolescents
 ▪ Oral contraceptive pills (birth control pills)
 ▪ Injectable Contraceptives (Depo-Provera)
 ▪ The Patch (Ortho Evra skin patch)
 ▪ The vaginal ring (Nuva Ring)
 ▪ Male condom / Exterior condom
 ▪ Female condom / Interior condom
 ▪ IUD – progestin
 ▪ IUD – copper
 ▪ Implants
78. What is your practice regarding Emergency Contraception (Morning After Pill, Plan B, Ella) for immediate use?
A. Prescribe for purchase at pharmacy
B. Dispense on site
C. Both prescribe and dispense
D. Neither prescribe or dispense
79. Does your clinic prescribe and/or dispense emergency contraception for advance use?
A. Prescribe for purchase at pharmacy
B. Dispense on site
C. Both prescribe and dispense
D. Neither prescribe or dispense

80. Do your providers routinely use the Quick Start method for starting hormonal-based contraceptives?
A. Yes B. No
81. Does your clinic routinely require a pelvic exam prior to prescribing hormonal-based contraceptives?
A. Yes B. No
82. Reflections on questions related to contraception: Are there any items in this section you would like to work on?
83. What resources or training could Hennepin County offer that would help you to better meet the items in this section?

Sexually Transmitted Infections

84. Do you routinely screen all sexually active adolescents for STIs at least annually?
A. Yes B. No
85. Which of the following STIs do you screen for?
A. Chlamydia
B. Gonorrhea
C. HIV
D. Syphilis
E. Other, please specify
86. When a young person presents with symptoms, do you have the capacity to:
A. Test and treat
B. Test and refer for treatment
C. We do not test for this STI
- Bacterial Vaginosis
 - Chlamydia
 - Gonorrhea
 - Herpes/HSV
 - HIV
 - HPV
 - Syphilis
 - Trichomoniasis
 - Yeast
87. If you test for HIV, do you provide rapid testing?
A. Yes
B. No
C. We do not test for HIV
88. If you do not provide HIV testing, what is your process for referral?
89. Does your clinic provide/require pre-test counseling for HIV tests?
A. Yes B. No
90. Does your clinic have a clear protocol for communicating HIV test results whether positive or negative?
A. Yes B. No

91. Does your clinic have a referral or follow-up protocol for adolescent clients who test positive for HIV?
A. Yes B. No
92. Does your clinic provide expedited partner therapy for chlamydia?
A. Yes B. No
93. Does your clinic provide expedited partner therapy for gonorrhea?
A. Yes B. No
94. At what point are Pap tests routinely initiated for adolescent patients?
A. At age 18
B. At age 21
C. When client becomes sexually active
D. We have no standard practice
95. Does your clinic routinely discuss the importance of HPV vaccine with all adolescent clients?
A. Yes B. No If no, please describe protocol
96. Does your clinic administer the HPV vaccine on-site?
A. Yes B. No
97. How often do clinicians discuss condom use and safer sex practices with adolescent clients?
A. At every visit
B. Annually
C. As indicated
D. Annually and as indicated
E. Not a part of routine practice
98. Can young people get free male condoms / exterior condoms at your clinic?
A. Yes B. No
99. How often are male condoms / exterior condoms offered to:
▪ Male identified clients
▪ Female identified clients
▪ Transgender clients (gender queer, gender nonconforming, gender fluid)
A. Always
B. Most of the time
C. Sometimes
D. Rarely
E. Never
100. Does your clinic offer other safer sex supplies (e.g., dental dams, female condoms/interior condoms, lube)?
A. Yes B. No
101. Reflections on questions related to Sexually Transmitted Infections: Are there any items in this section you would you like to work on?
102. What resources or training could Hennepin County offer that would help you to better meet the items in this section?

Pregnancy Testing

103. Does your clinic provide pregnancy tests to adolescents?
A. Yes B. No
104. How often are pregnancy test results provided in a confidential setting?
A. Always
B. Most of the time
C. Sometimes
D. Rarely
E. Never
105. When an adolescent is presented with a positive pregnancy test, are they given the opportunity to discuss their feelings and options regarding the pregnancy?
A. Yes B. No
106. What type of counseling is offered when a client has a positive pregnancy test?
A. Non-judgmental
B. All options offered
C. We do not offer counseling
107. How often is contraception discussed when negative pregnancy test result is given?
A. Always
B. Most of the time
C. Sometimes
D. Rarely
E. Never
108. Does your clinic have a protocol for follow-up with positive pregnancy tests?
A. Yes B. No
109. Does your clinic have a referral list for abortion services that has been updated in the last year?
A. Yes B. No
110. Does your clinic have a referral list for agencies that provide prenatal care that has been updated in the last year?
A. Yes B. No
111. Does your clinic have a referral list for adoption agencies that has been updated in the last year?
A. Yes B. No
112. Reflections on Pregnancy Testing: Are there any items in this section you would you like to work on?
113. What resources or training could Hennepin County offer that would help you to better meet the items in this section?

This document was developed by Hennepin County Public Health.

Standard 1

Guarantee confidentiality and adolescents’ rights to consent to sexual and reproductive health care.

| Best Practice | Assessment Question | Correct Answer | | |
|--|--|----------------------------------|------------|-----------|
| Every visit includes an opportunity for a confidential conversation between clinician and adolescent client. | Does your clinic provide sexual and reproductive health services to adolescent clients without a parent/guardian present? A. Yes B. No If no, explain | A | | |
| | How often are adolescent clients offered the opportunity to talk with a clinician privately during their visit? A. 100% of the time B. 80-99% of the time C. 50-79% of the time D. Less than 50% of the time | A or B A preferred | | |
| | Is it routine practice for adolescent clients to have a private conversation with the provider even when they come to the clinic with their parent, guardian or other adult? A. Yes B. No If no, explain | A | | |
| | 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? A. Yes B. No If no, explain | A | | |
| Health care records, including clinic notes, medication lists, lab results, and record transfers are set up to protect minor’s ability to maintain confidentiality, and allows adolescent clients to control who has access to them. | Does your clinic have a system to protect patient confidentiality when using electronic health care records? | Must say “YES” in all categories | | |
| | | | Yes | No |
| | Clinic notes | | | |
| | Medication list | | | |
| | Lab | | | |
| Billing | | | | |
| Record transfer | | | | |
| Billing procedures ensure client confidentiality. | Question above regarding billing | Yes | | |
| | What gets in the way of guaranteeing full confidentiality in billing for adolescent clients? | Information only | | |

| | | |
|--|--|--|
| Staff is routinely trained on and follows Minnesota minor's consent and confidentiality laws. | Do you have a protocol for routinely training staff on protecting adolescent confidentiality? A. Yes B. No | Yes |
| | Which of the following staff received training on protecting adolescent confidentiality in the past year? A. Schedulers B. Intake/front desk C. Providers D. Medical assistants/nurses E. Lab F. Billing G. Education staff/community health workers H. Mental health/ATOD providers I. No staff received training | No specific answer. The more staff trained the better. |
| Confidential contact information for adolescent patients is routinely collected and updated. | Is confidential contact information for adolescent clients routinely collected? A. Yes B. No If no, explain | A |
| | How often is confidential contact information for adolescent clients updated? A. At every visit B. Every 6 months C. 1x/year D. This information is not collected | A |
| Adolescent clients are encouraged to involve trusted adults in their care. | When a parent is present, do you involve them in a conversation about a minor's right to confidentiality and consent for certain types of health care under the MN Minor's Consent law? A. Yes B. No | A |
| | Do providers assess who the supportive adults are in their adolescent clients' lives? A. Always B. Most of the time C. Sometimes D. Rarely E. Never | A or B A preferred |
| | Is this assessment recorded in the chart? A. Yes B. No | A |
| Clinic has a process for obtaining informed consent at each visit regarding services covered by MN minor's consent and confidentiality laws (pregnancy, contraception, STIs, mental health and substance use). | Does your clinic have a process to obtain adolescent clients' informed consent for reproductive and sexual health services? A. Yes B. No If no, explain | A |
| | How is consent for reproductive and sexual health services obtained from adolescent clients? Check all that apply A. Sign a paper consent form B. Provide verbal consent that is documented in the chart C. Provide brief explanation of consent process and care for which they are consenting D. Ask key questions to assess understanding of consent E. We require parental/guardian consent for all services | A, B, C or D |
| Minnesota adolescent consent laws are prominently displayed or as per data privacy requirements. | Is there information on young people's right to confidential services prominently displayed? A. Yes B. No If yes, where is it displayed (in waiting room, exam room, bathroom). | A |
| | Do you routinely inform adolescents using private insurance or Medicaid about their right to request confidential communication with health insurance carriers? A. Yes B. No | A |

Standard 2

Make services accessible and facilities welcoming to adolescents.

| Best Practice | Assessment Question | Correct Answer |
|--|---|--|
| After-school and/or weekend hours are offered; same day appointments are available. | What hours are you open for clinic appointments? Open ended question: Possible answers: <ul style="list-style-type: none"> • At least 3 hours after 3:00 p.m. • At least 3 hours on a weekend and/or evening. • Can be two weekdays or one week day and one weekend. | Must meet one of criteria listed on at least two days of a 7 day week. |
| | Do you offer appointments during any of the following times? (check all that apply) A. After school B. Evening C. Weekend D. None of the above | A, B, or C |
| | How many days per week are you open for appointments for adolescents? A. 1 D. 4 B. 2 E. 5 C. 3 F. More than 5 | B, C, D, E or F The more days the clinic is open, the better. |
| | Do you offer same-day appointments? A. Yes B. No | A |
| Scheduling protocols allow adolescents to be seen for sexual health issues within three days of requesting an appointment. | Do you offer walk-in appointments? A. Yes B. No | A |
| | What is the average number of days to the next available scheduled appointment (not including sports physicals or routine physical exams)? A. Same day D. Within 2 weeks B. 1-3 days E. More that 2 weeks C. Within a week | A or B |
| | Do you have a triage system to identify teens with urgent needs? A. Yes B. No | A |
| | For young people with an urgent need within your scope of services, how quickly are they typically seen? A. Same day B. 1-2 days C. Within a week | A or B |

| | | |
|---|--|--|
| Clinic offers sliding fee scale, MFPP, Medical Assistance or other financial assistance options. Staff member is available at time of visit to inform adolescents about MA, MFPP or other financial assistance options. | Does your clinic accept MFPP (Minnesota Family Planning Program)? A. Yes B. No | Must have at least one way to see clients for free or accommodate clients needing financial assistance Medicaid and/or private insurance is not enough. The more options the better. |
| | If you accept MFPP, are adolescents able to sign up for MFPP on site? A. Yes B. No | |
| | Does your clinic have a sliding scale for sexual and reproductive health care? A. Yes B. No | |
| | If you have a sliding fee scale does it slide down to zero? A. Yes B. No | |
| | Does your clinic accept Medicaid? A. Yes B. No | |
| | Does your clinic accept private insurance? A. Yes B. No | |
| | Is there any other way your clinic accommodates adolescent clients needing financial assistance? A. Yes B. No If yes, please explain | |
| | What is the basis for determining costs for adolescents using your sliding scale for sexual and reproductive health care? A. Adolescent's personal income B. Adolescent's household income C. Other, please specify | A |
| Though identification may be requested, clinic protocols allow young people to be seen without proof of identification if a best faith effort is made to verify client's identity. | What documentation is required for an adolescent to be seen at your clinic? A. State-issued identification (e.g., MN State ID card, driver's license, etc) B. Some type of photo ID (e.g., school issued ID card) C. Any form of ID (e.g., debit card, insurance card, social media identifier) D. No documentation required | A, B, C or D |
| | If an adolescent shows up to your clinic without any identification, can they be seen at your clinic for sexual and reproductive health services? A. Yes B. No | A |
| Environment and tone of office is welcoming and comfortable to adolescents. | What does your clinic do to ensure young people feel welcome and comfortable? | Information/ education only. Encourages clinics to assess their environment. |

| | | |
|--|---|------------------|
| Clinic staff, including front desk, phone, education and providers, is comfortable with and enthusiastic about working with adolescents, and reflect the diversity of the patient population served. | During the hiring process of providers who will see teens and young adults, how frequently do you assess candidate's comfort with and enthusiasm for working with adolescents? A. Always B. Most of the time C. Sometimes D. Rarely E. Never | A |
| | How many of your providers are specialty trained in adolescent health? | Information only |
| Communication technologies used are consistent with adolescents' preferred modes of communication (e.g., texting, social media, etc.) | How often do you remind adolescents of upcoming appointments via their preferred method (text, phone call, other)? A. Always B. Most of the time C. Sometimes D. Rarely E. Never | A |

Standard 3

Deliver patient-centered care that is sensitive to each adolescent’s culture, ethnicity, community values, religion, language, educational level, sex, gender and sexual orientation.

| Best Practice | Assessment Question | Correct Answer |
|--|---|---|
| <p>Clinicians and health educators provide scientifically sound, non-judgmental education and counseling on sexual development and reproductive health.</p> | <p>Please indicate if your clinic provides ongoing staff training in the following areas:</p> <ul style="list-style-type: none"> A. Adolescent sexual development and reproductive health B. Adolescent mental health C. Unique needs of lesbian, gay, bisexual and transgender youth D. Culturally competent/sensitive health care E. Trauma informed care F. Sexual and reproductive health rights for adolescents G. Sexual violence and exploitation as it relates to adolescent sexual health H. MN law regarding violence/exploitation of adolescents, e.g., Safe Harbor I. MN laws regarding minors and abortion J. Adoption resources in MN K. Paternity laws and procedures in MN <p>Which of the topics did you provide training in the last year and the percentage of staff that received training. (same option choices as above)</p> | <p>Information only</p> <p>Use training as a proxy measure for how clinic providers and staff deliver care.</p> |
| <p>Clinic offers reproductive and sexual health services to youth of all genders.</p> | <p>No specific question</p> | |
| <p>Staff tailors visit to the developmental and learning needs and abilities of adolescent clients.</p> | <p>Questions about training (see above)</p> | <p>Information only</p> <p>Same as above retraining</p> |
| <p>Staff tailors visit to the culture, ethnicity, religion, sex, gender and sexual orientation of adolescent clients served.</p> | <p>Questions about training (see above)</p> | <p>Information only</p> <p>Same as above retraining</p> |
| <p>Staff tailors visit to the unique needs of lesbian, gay, bisexual, queer and questioning youth.</p> | <p>Questions about training (see above)</p> | <p>Information only</p> <p>Same as above retraining</p> |
| <p>Clinic staff is prepared to support young people as they explore gender identity, which includes meeting the unique needs of transgender, gender nonconforming, and gender expansive clients.</p> | <p>Questions about training (see above)</p> | |

| | | |
|---|--|--|
| Language assistance services, including bilingual staff and interpreter services, are provided at no cost to each patient with limited English proficiency. | <p>How do you accommodate clients who speak the following languages?</p> <p>Language choices: Spanish, Hmong, Somali, Oromo, German, Vietnamese, Chinese, French, Russian, Laotian, Ojibwa, American Sign Language</p> <p>Answer Choices: A. Bi-lingual staff B. Interpreters provided at no cost C. Telephone language line services D. Health education materials available E. Health education materials at appropriate reading levels F. No language services are available G. Other</p> | Information only |
| | <p>If the appropriate language services are not available when a client comes to the clinic, what is your protocol?</p> <p>A. Reschedule appointment for when language services are available B. Refer to another clinic that can provide appropriate care C. Serve them when they are here as best we can D. Other</p> | A or B C is not correct to highlight the fact clients are not served well if they cannot communicate with the provider. |
| Health education materials are provided through a medium used by young people, at appropriate reading levels and in appropriate language/s. | Question above about language services | Information only |
| Comprehensive referral lists are developed and kept up-to-date of community-based services that are culturally sensitive, have bilingual staff and interpreter services, etc. | No specific question | |
| Adolescent specific client satisfaction surveys are regularly distributed to adolescents and service improvements are addressed. | <p>Does your clinic administer adolescent specific client satisfaction surveys to adolescents at least annually?</p> <p>A. An adolescent specific survey is administered to adolescents annually B. A general patient survey is administered to adolescents annually C. We do not administer any type of patient satisfaction survey to adolescents</p> <p>Please give one example of a service improvement that was made as a result of patient feedback.</p> | A |

| | | |
|---|--|--|
| Clinicians and health educators provide counseling on sexual decision making, including delaying or abstaining from anal, oral or vaginal intercourse. | Question above regarding topics addressed | Information only |
| Clients are advised to receive sexual health screening at least once a year, or more often if they have a new partner, symptoms and/or suspicion of pregnancy or exposure to an STI or HIV. | No specific question | |
| Linkages* are in place for referrals to care for alcohol, tobacco and drug abuse; mental health concerns; and other social service needs (e.g., education, housing) not offered on site. | <p>What type of referral system do you have in place for the following services not offered on-site?</p> <ul style="list-style-type: none"> • Alcohol, tobacco and drug abuse • Mental health • Sexual violence • Services specific to LGBTQ youth <p>A. Have a referral list B. Have an established relationship with a referral source C. Get or seek feedback or follow-up reports from the referral source</p> | Must at least have a referral list (A) for all services. |
| Linkages are in place for referrals for clinical care and behavioral and social services specific to LGBTQ youth that are not offered on site. | Question regarding referral system (see above) | Must at least have a referral list (A) for all services. |
| Linkages are in place for referrals for services related to sexual violence. | Question regarding referral system (see above) | Must at least have a referral list (A) for all services. |
| Staff assists clients in making connections with referral resources, and has a protocol for follow-up, particularly with the most complex and vulnerable clients. | <p>How often do staff assist clients in making connections with referral resources?</p> <p>A. Always B. Most of the time C. Sometimes D. Rarely E. Never</p> | A or B |

**The term "linkages" is defined as having a relationship, either formal or informal, with a referral source that has an established history of providing quality care to adolescent clients.*

Standard 5

Provide contraceptive methods, including emergency contraception (EC), to adolescents at risk for unintended pregnancy.

| Best Practice | Assessment Question | Correct Answer |
|---|---|--|
| <p>Clinicians and health educators provide counseling on the most current contraceptive methods effective for adolescents, including specific instruction on use of chosen method.</p> | <p>Do you provide education and counseling related to birth control choices? A. Yes B. No If yes, please check those methods included in your contraceptive decision making education?</p> <ul style="list-style-type: none"> • 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 (Morning After Pill, Plan B, Ella) • Male condoms / Exterior condoms • Female condoms / Interior condoms | <p>A</p> <p>All methods</p> |
| <p>Clinicians and health educators discuss partner support for the chosen method.</p> | <p>How often is partner support for the chosen method included in counseling and education? A. Always B. Most of the Time C. Sometimes D. Rarely E. Never</p> | <p>A or B</p> |
| <p>Clinic provides hormonal contraception. Pelvic exams are not required before provision of hormonal contraceptives, including EC. Quick-start method is used to initiate contraceptives when appropriate.</p> | <p>For which of the following methods does your clinic write a prescription, refer or dispense on-site to adolescents? Check all that apply. (Matrix)</p> <p>A. Prescribe B. Dispense on site C. Refer D. We do not offer or refer for this method to adolescents</p> <p>Methods:</p> <ul style="list-style-type: none"> • BC Pills • Injectable Contraceptives • The Patch • The vaginal ring • Male condom / Exterior condom • Female condom / Interior condom • IUD – progestin • IUD – copper • Implants (Nexplanon) | <p>A or B for: BC Pills Injectable Contraceptives The Patch The vaginal ring Male condom / Exterior condom Female condom / Interior condom</p> |
| | <p>Do your providers routinely use the Quick Start method for starting hormonal-based contraceptives? A. Yes B. No</p> | <p>A</p> |
| | <p>Does your clinic routinely require a pelvic exam prior to prescribing hormonal-based contraceptives? A. Yes B. No</p> | <p>B</p> |

| | | |
|--|--|---|
| <p>Clinic provides or refers for long acting reversible contraceptives (LARC), e.g. IUDs & implants.</p> | <p>For which of the following methods does your clinic write a prescription, refer or dispense on-site to adolescents? Check all that apply. (Matrix)</p> <ul style="list-style-type: none"> • Prescribe • Dispense on site • Refer • We do not offer or refer for this method to adolescents <p>Methods</p> <ul style="list-style-type: none"> • Implants (Nexplanon) • Progestin intrauterine device (Mirena, Skyla, Liletta) • Copper intrauterine device (Paragard) | <p>B or C for</p> <ul style="list-style-type: none"> • Implants • IUD – progestin • IUD – copper |
| <p>Clinic provides emergency contraception on site.</p> | <p>What is your practice regarding Emergency Contraception (Morning After Pill, Plan B, Ella) for immediate use?</p> <p>A. Prescribe for purchase at pharmacy. B. Dispense on site C. Both prescribe and dispense D. Neither prescribe or dispense</p> | <p>B</p> |
| | <p>Does your clinic prescribe and/or dispense emergency contraception for advance use?</p> <p>A. Prescribe for purchase at pharmacy B. Dispense on site C. Both prescribe and dispense D. Neither prescribe or dispense</p> | <p>A, B or C B preferred</p> |
| <p>Clinicians and health educators offer condoms and other safer sex supplies to all adolescent clients.</p> | <p>How often do clinicians discuss condom use and safer sex practices with adolescent clients?</p> <p>A. At every visit D. Annually and as indicated B. Annually E. Not a part of routine practice C. As indicated</p> | <p>A or D - correct B and C - they have to both be checked to be correct</p> |
| | <p>Can young people get free male condoms /exterior condoms at your clinic?</p> <p>A. Yes B. No</p> | <p>A</p> |
| | <p>How often are male condoms / exterior condoms offered to: (matrix)</p> <ul style="list-style-type: none"> • Male identified clients • Female identified clients • Transgender clients (gender queer, gender nonconforming, gender fluid) <p>A. Always B. Most of the time C. Sometimes D. Rarely E. Never</p> | <p>A or B</p> |
| | <p>Does your clinic offer other safer sex supplies (e.g., dental dams, female condoms/interior condoms, lube)</p> <p>A. Yes B. No</p> | <p>A</p> |

Standard 6

Provide prevention, testing and treatment of sexually transmitted infections

| Best Practice | Assessment Question | Correct Answer |
|--|--|--|
| <p>Clinic routinely screens all sexually active adolescents and their partners for STIs at least annually.</p> | <p>Do you routinely screen all sexually active adolescents for STIs at least annually? A. Yes B. No</p> | <p>A</p> |
| | <p>Which of the following STIs do you screen for? A. Chlamydia B. Gonorrhea C. HIV D. Syphilis E. Other, please specify</p> | <p>A, B and C</p> |
| <p>Clinic routinely screens all sexually active adolescents and their partners for HIV at least annually or refers to free, low cost and/or anonymous testing sites.</p> | <p>If you test for HIV, do you provide rapid testing? A. Yes B. No C. We do not test for HIV</p> | <p>A</p> |
| | <p>Does your clinic provide/require pre-test counseling for HIV tests? A. Yes B. No</p> | <p>A</p> |
| <p>Clinic offers counseling and treatment or refers all adolescents who test positive for an STI.</p> | <p>When a young person presents with symptoms, do you have the capacity to: A. Test and treat B. Test and refer for treatment C. We do not test for this STI</p> <p>STIs:</p> <ul style="list-style-type: none"> • Bacterial Vaginosis • Chlamydia • Gonorrhea • Herpes/HSV • HIV • HPV • Syphilis • Trichomoniasis • Yeast | <p>Correct answer for all is A or B.</p> <p>At a minimum, must answer A or B for Chlamydia and Gonorrhea</p> |
| <p>Clinicians inform all sexually active adolescents about Pap tests and the importance of being screened. Clinic follows current guidelines for Pap tests.</p> | <p>At what point are Pap tests routinely initiated for adolescent patients? A. At age 18 B. At age 21 C. When client becomes sexually active D. We have no standard practice</p> | <p>B</p> |

| | | |
|--|--|--|
| Clinicians and health educators offer condoms and other safer sex supplies to all adolescent clients. | How often do clinicians discuss condom use and safer sex practices with adolescent clients? A. At every visit B. Annually C. As indicated D. Annually and as indicated E. Not a part of routine practice | A or D - correct B and C - they have to both be checked to be correct |
| | Can young people get free male condoms / exterior condoms at your clinic? A. Yes B. No | A |
| | How often are male condoms / exterior condoms offered to: • Male identified clients • Female identified clients • Transgender clients (gender queer, gender nonconforming, gender fluid) A. Always B. Most of the time C. Sometimes D. Rarely E. Never | A or B A preferred |
| | Does your clinic offer other safer sex supplies (e.g., dental dams, female condoms/interior condoms, lube)? A. Yes B. No | A |
| Clinic follows community-based referral protocol for adolescent who test positive for HIV. | If you do not provide HIV testing, what is your process for referral? | |
| | Does your clinic have a clear protocol for communicating HIV test results whether positive or negative? A. Yes B. No | A |
| | Does your clinic have a referral or follow-up protocol for adolescent clients who test positive for HIV? A. Yes B. No | A |
| Clinic provides expedited partner treatment for Chlamydia and Gonorrhea when appropriate. | Does your clinic provide expedited partner therapy for chlamydia? A. Yes B. No | A |
| | Does your clinic provide expedited partner therapy for gonorrhea? A. Yes B. No | A |
| Clinicians ensure all adolescent clients are up-to-date on HPV and HepB vaccinations; clinic administers vaccinations or makes appropriate referral. | Does your clinicians routinely discuss the importance of HPV vaccines with all adolescent clients? A. Yes B. No If no, please describe protocol. | A |
| | Does your clinic administer the HPV vaccine on-site? A. Yes B. No If no, please describe protocol | A |
| | Do your clinicians ensure adolescents are up-to-date on their HepB vaccines? A. Yes B. No If no, please describe protocol | A |

Standard 7

Offer information, assistance and support for all decisions regarding pregnancy.

| Best Practice | Assessment Question | Correct Answer |
|---|---|----------------|
| Clinic provides pregnancy tests for adolescent clients; clinician/health educator presents pregnancy test results in a confidential setting. | Does your clinic provide pregnancy tests to adolescents? A. Yes B. No | A |
| | How often are pregnancy test results provided in a confidential setting? A. Always B. Most of the time C. Sometimes D. Rarely E. Never | A |
| Clinician/health educator provides options counseling to all adolescents with a positive pregnancy test, which includes discussing pregnancy options (parenting, abortion and adoption), assessing risk of violence and determining sources of support. | When an adolescent is presented with a positive pregnancy test, are they given the opportunity to discuss their feelings and options regarding the pregnancy? A. Yes B. No | A |
| | What type of counseling is offered when a client has a positive pregnancy test? A. Non-judgmental B. All options offered C. We do not offer counseling | A and B |
| Clinician/health educator provides contraceptive counseling to all adolescents with a negative pregnancy test. | How often is contraception discussed when negative pregnancy test result is given? A. Always B. Most of the time C. Sometimes D. Rarely E. Never | A |
| Clinic provides follow-up and support to all adolescent clients with a positive pregnancy test. | Does your clinic have a protocol for follow-up with positive pregnancy tests? A. Yes B. No | A |
| Clinic staff knows MN laws regarding abortion, adoption and paternity. | Does your clinic have a referral list for abortion services that has been updated in the last year? A. Yes B. No | A |
| Clinic has up-to-date referrals to adoption agencies, abortion providers and prenatal care providers. | Does your clinic have a referral list for agencies that provide prenatal care that has been updated in the last year? A. Yes B. No | A |
| | Does your clinic have a referral list for adoption agencies that has been updated in the last year? A. Yes B. No | A |

This document was developed by Hennepin County Public Health.

Clinic Name:

Clinic address

Contact for this assessment:

Name, phone, email of clinic staff to contact with questions

Staff that completed the assessment:

Names and positions of clinic staff that participated in assessment

Thank you for completing the *MyClinic* Assessment. You have met all of the criteria necessary to be a *MyClinic* partner. The following report is a summary of your clinic's individual results. The report highlights areas in which your clinic excels at providing adolescent-centered care, as well as opportunities for change and growth to improve the service you provide to your adolescent clients.

Minimum requirements for inclusion on [MySelf MyHealth](#) website:

Your clinic meets all the minimum standards of care required to be a *MyClinic* partner and included on the list of clinics on the website.

Clinic Strengths:

Clinics that provide high quality sexual health care to adolescents ensure that:

- Services are confidential
- Young people feel welcome
- Services are convenient and affordable
- Young people feel respected and heard
- Young people get the services they need

Overall, your clinic embodies these key characteristics. The following items highlight some of the areas in which your clinic excels in providing sexual health care services to young people. (We have included the question number for easy reference to the survey.)

- Q.11: You offer accessible clinic hours – including 2 evenings per week and Saturday hours, and can also see patients on a walk-in or same-day basis.
- Q.16: Clients are given an opportunity to talk privately with a provider 100% of the time, even when they come to the clinic with a parent/guardian and/or a friend, which is the highest standard recommended by our Advisory Board.
- Q. 30: You do not require documentation for a young person to be seen at the clinic.
- Q. 42-49: You offer multiple methods in which a young person can pay (MFPP, sliding scale, private ins, etc) and have a MN Sure Navigator on site.
- Q. 55: You always assess providers' enthusiasm for working with adolescents during the interview process.
- Q. 63: Your assessment process addresses the full range of health, social and emotional topics important to discuss with adolescents.

- Q. 77: Your clinic dispenses most contraceptive methods on-site, including IUDs (although we would be interested to hear more about why you do not offer the Patch to your clients).
- Q. 80: You dispense Emergency Contraception for advance use.
- Q. 88: You provide rapid HIV testing
- Q 100-101: You offer a broad array of safe sex supplies.
- Q 104-111: You have clear protocols and practices in place regarding pregnancy tests.
- Q. 109: You have a protocol for follow-up with positive pregnancy tests and offer prenatal care on-site.

Opportunities for Growth:

The following list identifies areas in which your clinic's practice differs from the *MyClinic* Advisory Board recommendations for best practice in sexual health services for adolescents. We encourage you to review these items and think about ways in which protocols and practice may be changed to be more in-line with adolescent-centered care.

- Q. 24: As you indicated in your comments, staff and clients may benefit from a routine training on protecting young people's confidentiality.
- Q. 53: You offer training to staff in several key areas of adolescent health, and could increase these offerings by finding training resources related to adolescent sexual health rights, sexual exploitation and MN Safe Harbor Laws, abortion, adoption and paternity resources.
- Q. 59: You indicate you do not administer a patient satisfaction survey but are attempting to implement one; *MyClinic* has developed an adolescent-specific patient satisfaction survey that is available for your use if you'd like (it is attached).
- Q. 68 You indicate that you do not have a set age when you begin to assess a young person's sexual health; The *MyClinic* Advisory Board recommends that age appropriate assessments of a client's sexual health begin at age 12.
- Q71: As you know, adolescents are more likely to follow-up on a referral if they are connected to the referral source directly by the referring clinic. You indicate that you are working to increase your clinic's capacity to assist young people with referrals, which is wonderful.
- Q.96 As you indicated, you are working to improve protocols and practice around HPV vaccines in order to ensure more young people are informed and vaccinated.

Thank you for completing the *MyClinic* Assessment! We are looking forward to working together to improve young people's access to sexual health services in Hennepin County and the metro area.

Clinic name: _____

Contact for this assessment: _____

Staff that completed the assessment: _____

Thank you for completing the *MyClinic* Assessment. You have met all of the criteria necessary to be a *MyClinic* partner. The following report is a summary of your clinic's individual results. The report highlights areas in which your clinic excels at providing adolescent-centered care, as well as opportunities for change and growth to improve the service you provide to your adolescent clients.

Minimum requirements for inclusion on [MySelf MyHealth](#) website:

Your clinic meets all the minimum standards of care required to be a *MyClinic* partner and included on the list of clinics on the website.

Clinic Strengths:

Clinics that provide high quality sexual health care to adolescents ensure that:

- Services are confidential
- Young people feel welcome
- Services are convenient and affordable
- Young people feel respected and heard
- Young people get the services they need

Opportunities for Growth:

The following list identifies areas in which your clinic's practice differs from the *MyClinic* Advisory Board recommendations for best practice in sexual health services for adolescents. We encourage you to review these items and think about ways in which protocols and practice may be changed to be more in-line with adolescent-centered care.

Thank you for completing the *MyClinic* Assessment! We are looking forward to work together to improve young people's access to sexual health services in Hennepin County and the metro area.

Introduction

The MyClinic assessment tool is designed to help clinics assess their clinical practices related to sexual and reproductive health care to adolescents (ages 12-21). Providers have found this assessment tool most useful when completed as a team. This allows you to gain a variety of perspectives on each of the best practices and identify areas the clinic may want to address.

Better Together Hennepin consultants are available to assist you with the assessment tool. Please feel free to contact Marilyn Colby Rivkin at marilyn@turnhamrivkin.com or Lynn Bretl at lynnbretl@mac.com if you have any questions.

General Information

* 1. Clinic name

* 2. Clinic Address

* 3. Clinic appointment phone number

* 4. Website

* 5. Medical Director

* 6. Clinic Director/Administrator

* 7. Name(s) and positions(s) of people completing this assessment.

* 8. Contact person for this assessment (name, phone and email).

* 9. Type of practice:

- Adolescent health care
- Family medicine
- Family planning or OB/GYN
- Pediatrics
- School-based clinic

Other (please specify)

* 10. What services do you provide to adolescent clients? (check all that apply)

- Sexual and reproductive health care
- Sports physicals
- Primary care
- Mental health counseling
- Prenatal care
- Drug and alcohol

Other (please specify)

* 11. What hours are you open for clinic appointments?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

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

13. How many unduplicated adolescent clients (ages 12-21) did you serve in the past year (January 2015-December 2015)?

* 14. Are your facility's services available to adolescents living throughout the Twin Cities metro area or do you have specific geographic requirements?

- Yes, our services are available to all adolescents living in the Twin Cities metro area
- No, our patients must live in a specific geographic area(s).

If no, please specify geographic area(s)

Confidential Care

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

Yes

No

If no, please explain

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

100% of the time

80-99% of the time

50-79% of the time

Less than 50% of the time

17. Is it routine practice for adolescent clients 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 no, please explain

18. 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 friend?

Yes

No

If no, please explain

19. When a parent is present, do you involve them in a 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
- If no, please explain

20. Does your clinic have a process to obtain adolescent clients' informed consent for reproductive and sexual health services?

- Yes
- No

If no, please explain

21. How is consent for reproductive and sexual health services obtained from adolescent clients?

Check all that apply

- Sign a paper consent form
- Provide verbal consent that is documented in the chart
- Provide a brief explanation of consent process and care for which they are consenting
- Ask key questions to assess understanding of consent
- We require parental/guardian consent for all services

22. Is confidential contact information for adolescent clients routinely collected?

- Yes
- No

23. How often is confidential contact information for adolescent clients updated?

- At every visit
- Every 6 months
- 1x / year
- This information is not collected

24. Do you have a protocol for routinely training staff on protecting adolescent confidentiality?

- Yes
- No

25. Which of the following staff received training on protecting adolescent confidentiality in the past year?
(Check all that apply.)

- Schedulers
- Intake/front desk
- Physicians
- Nurses/NPs/PAs
- Medical Assistants
- Lab
- Billing
- Education staff/community health workers
- Mental health/ATOD providers
- No staff received training

26. 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"/> |

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

28. Do you routinely inform adolescents using private insurance or Medicaid about their right to request confidential communication with health insurance carriers?

- Yes
- No

29. Is there information on young people's right to confidential services prominently displayed?

Yes

No

If yes, where is it displayed (waiting room, exam room, bathroom, etc.)?

30. What documentation is required for an adolescent to be seen at your clinic?

State-issued identification (eg. MN State ID card, driver's license, etc)

Some type of photo ID (eg. school issued ID card)

Any form of ID (eg. debit card, insurance card, social media identifier)

No documentation required

31. 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

32. Reflection on the questions related to CONFIDENTIALITY: Are there any items in this section you would you like to work on?

Yes

No

If yes, please specify

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

Accessibility

34. Do you offer appointments during any of the following times? (check all that apply)

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

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

- 1
- 2
- 3
- 4
- 5
- more than 5

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

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

37. Do you offer same-day appointments?

- Yes
- No

38. Do you offer walk-in appointments?

- Yes
- No

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

- Same day
- 1-3 days
- Within a week
- Within 2 weeks
- More than 2 weeks

40. Do you have a triage system to identify adolescents with urgent needs?

- Yes
- No

41. For young people with an urgent need, how quickly are they typically seen?

- Same day
- 1-2 days
- Within a week

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

- Yes
- No

43. If you accept MFPP, are adolescents able to sign up for MFPP on site?

- Yes
- No

44. Does your clinic have a sliding scale for sexual and reproductive health care?

- Yes
- No

45. If you have a sliding fee scale does it slide down to zero?

- Yes
- No

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

- Adolescent's personal income
- Adolescent's household income

Other (please specify)

47. Does your clinic accept Medicaid?

- Yes
- No

48. Does your clinic accept private insurance?

- Yes
- No

49. Is there any other way your clinic accommodates adolescent clients needing financial assistance?

- Yes
- No

If yes, please explain

50. What does your clinic do to ensure young people feel welcome and comfortable?

51. Reflection on the questions related to ACCESSIBILITY: Are there any items in this section you would like to work on?

- Yes
- No

If yes, please specify

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

Patient Centered Care

53. Please indicate if your clinic provides ongoing staff training in the following areas:

| | Yes | No |
|--|-----------------------|-----------------------|
| Adolescent sexual development and reproductive health | <input type="radio"/> | <input type="radio"/> |
| Adolescent mental health | <input type="radio"/> | <input type="radio"/> |
| Unique needs of lesbian, gay, bisexual and transgender youth | <input type="radio"/> | <input type="radio"/> |
| Culturally competent/sensitive health care | <input type="radio"/> | <input type="radio"/> |
| Trauma informed care | <input type="radio"/> | <input type="radio"/> |
| Sexual and reproductive health rights for adolescents | <input type="radio"/> | <input type="radio"/> |
| Sexual violence/exploitation as it relates to adolescent sexual health | <input type="radio"/> | <input type="radio"/> |
| MN law regarding violence/exploitation of adolescents, e.g., Safe Harbor | <input type="radio"/> | <input type="radio"/> |
| MN laws regarding minors and abortion | <input type="radio"/> | <input type="radio"/> |
| Adoption resources in MN | <input type="radio"/> | <input type="radio"/> |
| Paternity laws and procedures in MN | <input type="radio"/> | <input type="radio"/> |

54. Which of the following topics did you provide training on in the last year and what percentage of staff received training?

| | Provided training in the past year? | % of staff who received training |
|--|-------------------------------------|----------------------------------|
| Adolescent sexual development and reproductive health | <input type="text"/> | <input type="text"/> |
| Adolescent mental health | <input type="text"/> | <input type="text"/> |
| Unique needs of lesbian, gay, bisexual and transgender youth | <input type="text"/> | <input type="text"/> |
| Culturally competent/sensitive health care | <input type="text"/> | <input type="text"/> |
| Trauma informed care | <input type="text"/> | <input type="text"/> |
| Sexual and reproductive health rights for adolescents | <input type="text"/> | <input type="text"/> |
| Sexual violence/exploitation as it relates to adolescent sexual health | <input type="text"/> | <input type="text"/> |
| MN law regarding violence/exploitation of adolescents, e.g., Safe Harbor | <input type="text"/> | <input type="text"/> |
| MN laws regarding minors and abortion | <input type="text"/> | <input type="text"/> |
| Adoption resources in MN | <input type="text"/> | <input type="text"/> |
| Paternity laws and procedures in MN | <input type="text"/> | <input type="text"/> |

55. During the hiring process of providers who will see teens and young adults, how frequently do you assess candidate's comfort with and enthusiasm for working with young people?

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

56. How do you accommodate clients who speak the following languages?

| | Bi-lingual staff | Interpreters provided at no cost | Telephone language line services | Health education materials | Health education materials at appropriate reading levels | No language services are available |
|------------------------|-----------------------|----------------------------------|----------------------------------|----------------------------|--|------------------------------------|
| Spanish | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hmong | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Somali | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Oromo | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| German | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Vietnamese | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chinese | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| French | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Russian | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Laotian | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ojibwe | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| American Sign Language | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Other (please specify)

57. 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 (please specify)

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

59. Does your clinic administer adolescent specific client satisfaction surveys to adolescents at least annually?

- An adolescent specific survey is administered to adolescents annually
- A general patient survey is administered to adolescents annually
- We do not administer any type of patient satisfaction survey to adolescents annually

60. Please give one example of a service improvement that was made as a result of client feedback.

61. Reflection on the questions related to PATIENT CENTERED CARE: Are there any items in this section you would like to work on?

- Yes
- No

If yes, please specify

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

Screening

63. Does your assessment process address the following? (Check all that apply.)

- Sexual health and history
- Alcohol, tobacco and other drug use
- Mental health
- Family relationships
- Peer and partner relationships
- Education
- Sexual violence
- Sexual exploitation/sex trafficking
- Sexual coercion
- Gender identify
- Sexual orientation
- Running away/homelessness

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

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

65. If you use standardized health assessment tools, what do you use (e.g. HEADSSS)?

66. Do providers assess who the supportive adults are in their adolescent clients' lives?

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

67. Is this assessment recorded in the chart?

- Yes
- No

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

- 12
- 13-15
- 16
- When they are sexually active
- We don't have a specific age

69. How often are the following discussed with adolescent clients?

| | Male identified patients | Female identified patients | Transgender patients (gender queer, gender nonconforming, gender fluid) |
|-------------------------------|--------------------------|----------------------------|---|
| Sexual decision making | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| STI risk and prevention | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Pregnancy risk and prevention | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Condom use | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Birth control use | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Emergency contraception | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Consent | <input type="text"/> | <input type="text"/> | <input type="text"/> |

70. What type of referral system do you have in place for the following services not offered on-site?

| | Do you have a referral list? | Do you have an established relationship with a referral source? | Do you get or seek feedback or follow-up reports from the referral source |
|----------------------------------|------------------------------|---|---|
| Alcohol, tobacco and drug abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Services specific to LGBTQ youth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

72. Reflection on the questions related to SCREENING: Are there any items in this section you would like to work on?

- Yes
- No

If yes, please specify

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

Contraception

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

- Yes
- No

75. 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 (Paraguard)
- The vaginal ring (Nuva Ring)
- Emergency Contraception (Morning After Pill, Plan B, Ella)
- Male condoms / Exterior condoms
- Female condoms / Interior condoms

76. How often is partner support for the chosen method included in counseling and education?

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

Other

77. For which of the following methods does your clinic write a prescription, refer or dispense on-site to adolescents?

| | Prescribe | Dispense on site | Refer | We do not offer or refer adolescents for this method |
|---------------------------------|--------------------------|--------------------------|--------------------------|--|
| Birth Control Pills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Injectable Contraceptives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The Patch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Implants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Progestin intrauterine device | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Copper intrauterine device | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The vaginal ring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Male condom / Exterior condom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Female condom / Interior condom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

78. If you refer for an IUD, does staff assist in making that connection?

- Yes
- No
- We do not refer

79. What is your practice regarding Emergency Contraception (Morning After Pill, Plan B, Ella) for immediate use?

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

80. Does your clinic prescribe and/or dispense emergency contraception for advance use?

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

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

Yes

No

If no, please explain

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

Yes

No

If yes, please explain

83. Reflection on the questions related to CONTRACEPTION: Are there any items in this section you would like to work on?

Yes

No

If yes, please specify

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

Sexually Transmitted Infections

85. Do you routinely screen all sexually active adolescents for STIs at least annually?

- Yes
 No

86. Which of the following STIs do you screen for in your adolescent clients?

- Chlamydia
 Gonorrhea
 HIV
 Syphilis

Other (please specify)

87. When a young person presents with symptoms, do you have the capacity to:

| | Test and treat | Test and refer for treatment | Do not test for this STI |
|---------------------|-----------------------|------------------------------|--------------------------|
| Bacterial Vaginosis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chlamydia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gonorrhea | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Herpes/HSV | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| HIV | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| HPV | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Syphilis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Trichomoniasis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Yeast | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

88. If you test for HIV, do you provide rapid testing?

- Yes
 No
 We do not test for HIV

89. If you do not provide HIV testing, what is your process for referral?

90. Does your clinic provide/require pre-test counseling for HIV tests?

Yes

No

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

Yes

No

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

Yes

No

93. Does your clinic provide expedited partner therapy for chlamydia?

Yes

No

94. Does your clinic provide expedited partner therapy for gonorrhea?

Yes

No

95. At what point are Pap tests routinely performed for adolescent patients?

At age 18

At age 21

When client becomes sexually active

We have no standard practice

96. Does your clinic routinely discuss the importance of HPV vaccine with all adolescent clients?

Yes

No

If no, please describe protocol:

97. Does your clinic administer the HPV vaccine on-site?

Yes

No

If no, do you refer to another site?

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

At every visit

Annually

As indicated

Annually and as indicated

Not a part of routine practice

99. Can young people get free male condoms/exterior condoms at your clinic?

Yes

No

100. How often are male condoms/exterior condoms offered to:

| | Always | Most of the time | Sometimes | Rarely | Never |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Male identified clients | <input type="radio"/> |
| Female identified clients | <input type="radio"/> |
| Transgender clients (gender queer, gender nonconforming, gender fluid) | <input type="radio"/> |

101. Does your clinic offer other safer sex supplies (e.g., dental dams, female condoms, lube)

Yes

No

102. Reflection on the questions related to SEXUALLY TRANSMITTED INFECTIONS: Are there any items in this section you would like to work on?

Yes

No

If yes, please specify

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

Pregnancy Testing and Counseling

104. Does your clinic provide pregnancy tests to adolescents?

- Yes
- No

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

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

106. When an adolescent receives a positive pregnancy test result, are they given the opportunity to discuss their feelings and options regarding the pregnancy?

- Yes
- No

107. What type of counseling is offered when a client has a positive pregnancy test?

- non-judgmental
- all options offered
- we do not offer counseling.

Other (please specify)

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

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

113. Reflection on the questions related to PREGNANCY TESTING AND COUNSELING: Are there any items in this section you would like to work on?

Yes

No

If yes, please specify

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

Thank you.

Thank you for completing the MyClinic assessment tool. We will be in touch with you within the next two weeks to discuss next steps.

The following table ties the *MyClinic* Standards of Care and Best Practices to the questions on the *MyClinic* assessment tool.

Some things to note:

- The primary goal of the *MyClinic* project is to encourage clinics to evaluate their practices and protocols based on the Standards of Care and find areas in which either minor or major changes to clinic practice could increase their ability to serve adolescent clients.
- The “correct answers” are those responses that the *MyClinic* Advisory Board felt satisfied the best practice. Some best practices have a definitive “right/wrong” answer, while others are on a continuum towards exemplary health care.
- Not all questions have equal weight. The *MyClinic* Advisory Board established a set of minimum standards specific to our project goals for the purpose of determining eligibility for the [MySelf MyHealth](#) website. There are some questions that need to be answered “correctly” for a clinic to be included on the website.
- For many questions there are multiple correct answers to allow for variation in practice. If there is a preferred response it is noted.
- Some questions are gathered for “information only”. They are posed to highlight the best practice without a stated “correct answer”. This information was used to encourage self-reflection by the clinics and to gather data on training and education needs of partner clinics.
- Answers may change as clinical practice changes. This assessment tool was up-to-date as of 2016 but will need to be revisited with changes in practice.
 - At the end of each section of the assessment tool, clinics are asked the following questions. (We have not included them in this document.)
 - Are there any items in this section you would you like to work on?
- What resources or training could Hennepin County offer that would help you better meet the items in this section?
- Providers have found the assessment tool most useful when completed as a team rather than by one individual. This brings a diversity of perspectives into the assessment process.
- The survey is completed via an online tool. A word document is available for clinics to use during the assessment process as a team.
- The assessment process is strengthened when there is an identified champion at the clinic who moves the process forward.

Introduction: Clinic Assessment Process

The Clinic Assessment Process is a two-part process. Clinics are required to 1) complete the online Clinic Self-Assessment Survey and then 2) receive Clinic Customer Service Assessment Calls (CC-SAC). The CC-SAC calls are completed by young people who reflect the potential clientele of the partner clinics and have been trained on the protocol for completing the calls. The goal of Clinic Customer Service Analysis Calls (CC-SAC) is to bring young people's voice and perspective into the assessment process. These calls serve two purposes:

1. Act as a second check for confidentiality of services, cost information, availability of services, and appointment policies.
2. Assess the teen-friendliness of the clinic; young people that complete the calls provide feedback on customer service and whether they would access services from this provider based on their experience with this call.

Each clinic participating in the CC-SAC process receives a series of three phone calls, ideally completed by 3 separate callers, on three separate days and at differing times of the day. Clinics that do not meet the CC-SAC inclusion criteria after this initial series of calls will be given an additional opportunity to "pass" by receiving an additional series of three calls.

Overview of the Clinic Customer Service Analysis Calls Process

In order to complete the CC-SAC portion of the assessment process, *MyClinic* contracts with partner organizations that have an existing group of young leaders with whom they work and/or have an ongoing relationship. Contract organizations are expected to complete the following deliverables:

1. Assign a CC-SAC Supervisor to train and support the peer leaders. Call supervisor will ensure successful completion of the documentation required by the contract.
2. Attend CC-SAC protocol training provided by *MyClinic*.
3. Recruit, train and supervise peer leaders on the CC-SAC protocol.
 - Identify 3-5 peer leaders who will be a part of the CC-SAC program.
 - Train peer leaders using materials provided by *MyClinic*.
 - Supervise calls made by CC-SAC callers.
 - Manage data collection on calling sheet provided by *MyClinic*.
 - Provide compensation for Peer Leaders in manner determined by clinic.
4. Conduct CC-SAC calls to assigned clinics (calls made by peer leaders).
 - *MyClinic* provides clinics information to partner organization.
 - Each assigned clinic should receive 3 separate calls from peer leaders, on at least 2 different days at differing times of the day. The goal is to make sure that all 3 calls are not made in quick succession, on the same day, and therefore only interacting with potentially one staff person taking calls.
 - Ideally, each call will be made by a different peer leader, but at the very least, 2 different peer leaders must call each clinic.
 - Calls should be completed and documentation returned to *MyClinic* staff within 2 weeks of the call assignments being made by *MyClinic*. The following supporting documentation is required for reimbursement.
 - Electronic copies of completed CC-SAC Call Logs, which includes schedule of calls completed (dates, time, Peer Leader assigned).

5. Participate in follow-up evaluation of CC-SAC process.
 - Participate in follow-up debrief meeting.

Roles and Responsibilities

MyClinic Staff

As providers complete the *MyClinic* Assessment tool, *MyClinic* staff will send clinic information to Call Supervisor at one of the CC-SAC partner organizations via the CC-SAC Call Log. This form will have all of the information necessary for Peer leader to make and document the calls.

Call Supervisor

Call Supervisor is responsible for identifying and training the CC-SAC Peer Leaders. In addition to the training, the Call Supervisor should **actively observe at least two** real-time call assessments conducted by trained Peer Leaders. (i.e. caller is put on speaker so both Peer Leader and Call Supervisor can hear the exchange).

- The Call Supervisor is responsible for assigning individual calls to their CC-SAC Peers along with a day and time.
- The calls are to be made from the community organization's office (not from Peer Leaders home, for example).
- Calls are made during different days of the week and different times of day over a **one week period**.
- The calls should be made during the provider's office hours.
- The Call Supervisor and Peer Leader should complete the Call Log together after the call electronically.
- Once the Peer Leader has completed the Call Log with Call Supervisor, the Call Supervisor should review this document to make sure that all of the questions are completed correctly. Call supervisor, along with the Peer Leaders, determine if the provider meets the CC-SAC inclusion criteria.
- Call Supervisor sends all three completed call logs to *MyClinic* Staff.

CC-SAC Peer Leaders

The CC-SAC Peer leaders are responsible for attending the CC-SAC Peer Educator training and any refresher trainings provided by the Call Supervisor. (Note: Training may be done as a group or individually with each Peer Leader). During calls, the Peer Leader must maintain anonymity and confidentiality while conducting calls and use discretion about provider call results.

Prior to any calls, the CC-SAC Peer should review the Call Log. This document will help the Peer prepare for the call script they have been assigned, provide answers to common questions a provider may ask, and help the Peer code the responses to questions. Peers should also take care to block the number they are calling from so that the provider they are calling does not know this is a CC-SAC call.

During the call, the CC-SAC Peer should complete CC-SAC Call Log. After the call is over, the Peer should complete the Call Log with the Call Supervisor in order to ensure that all items on the Call Log are completed.

CC-SAC Inclusion Criteria (what is needed to "pass")

Caller confirms:

- Adolescents can see a provider without a parent or guardian.
- Clinic has a way to accommodate adolescent clients needing free services.
- Clinic provides all forms of contraception - either prescribe and/or dispense.
- Clinic provides gonorrhea and chlamydia testing and treatment.
- Clinic provides pregnancy testing (and all options counseling).
- Clinic offers after school, evening and/or weekend hours for appointments. Must be able to make an appointment within 3 days.
- Young person making the CC-SAC calls reports they would go to the clinic.

Birth Control

Instructions:

- Please read through and familiarize yourself with this scenario prior to calling the clinic.
- You will need to choose a first and last name other than your own to use during the call;
- You will also need to choose a date of birth that matches the age of the caller script assigned below.
- During the call, follow the questions on this form and ask the questions as the conversation allows. *You MUST ask at least one question regarding each topic highlighted in blue. You do not need to ask all questions in each section.*
- After you complete the call, please complete this form as accurately and thoroughly as possible with your Call Supervisor.
- THANK YOU for participating in this important step in our clinic assessment process!! You are making a difference for young people in your community!

Caller scenario:

You will be calling the clinic listed below as a **15-year-old who wants to get on birth control**. You have been sexually active for 6 months and you don't always use a condom. You do not use any other form of birth control. The last time you had unprotected sex was a week ago.

Clinic information:

| | |
|---------------|---------------------------|
| Clinic name | |
| Phone | |
| Clinic hours | |
| Caller script | 15 yr old – birth control |
| Notes: | |

Caller Information:

| | |
|---|--|
| Peer Leader name | |
| Peer organization | |
| Caller alias (first & last name) | |
| Caller Alias date of birth <i>month/day/year</i> | |
| Date of call | |
| Start time of call | |
| End time of call | |

Call Validity:

| | |
|--|--|
| Did you call during office hours? | <input type="radio"/> Yes <input type="radio"/> No |
| Was the call answered? | <input type="radio"/> Yes <input type="radio"/> No |
| Were you put on hold? | <input type="radio"/> Yes <input type="radio"/> No |
| How many times were you put on hold? | <input type="radio"/> 1x <input type="radio"/> more than 1x |
| Were you ever on hold for an unusually long time? | <input type="radio"/> Yes <input type="radio"/> No approx. # of minutes: |
| Were you transferred to voicemail, asked to call back, or told to call another number? | <input type="radio"/> Yes <input type="radio"/> No |
| How many times were you transferred? | <input type="radio"/> 1x <input type="radio"/> 2x <input type="radio"/> more than 2x |
| If you were told to call another number, what was the reason that the clinic gave? | |
| Other notes: | |

Clinic Services:

| | |
|--|--|
| What services were you calling about? | Birth control |
| <p>Services</p> <p>Can I get on birth control? Will I get the method that day? Will you do a pregnancy test? What will happen when I come?</p> | <p>Are you confident after this call that you can get the services you need? <input type="radio"/> Yes <input type="radio"/> No If No, please explain:</p> |
| <p>Confidentiality</p> <p>Will my parents find out I was there? Will anyone else find out I was there?</p> | <p>Are you confident after this call that you could get confidential care at this clinic? <input type="radio"/> Yes <input type="radio"/> No If No, please explain:</p> |
| <p>Affordability</p> <p>How much will it cost? If I can't pay anything can I still be seen? Do I have to use my insurance? What if I don't have insurance? Do I have to bring proof of my income for sliding fee scale?</p> | <p>Are you confident after this call that you could afford to go to this clinic? <input type="radio"/> Yes <input type="radio"/> No If No, please explain:</p> |
| <p>Appointment</p> <p>Do I need an appointment? How soon can I get in? Can I just walk-in?</p> | <p>Were you able to make an appointment within the next 3 days not during your school day? <input type="radio"/> Yes <input type="radio"/> No If No, how many days between the phone call and the appointment?</p> |

Peer Caller Evaluation:

| | |
|---|---|
| <p>Did you feel respected during the call?</p> <p>Did you feel that the staff person understood your needs and concerns?</p> <p>Did you get the information you needed?</p> | <p><input type="radio"/> Yes <input type="radio"/> No Please explain:</p> <p><input type="radio"/> Yes <input type="radio"/> No Please explain:</p> <p><input type="radio"/> Yes <input type="radio"/> No Please explain:</p> |
| <p>If you wanted to get on birth control, would you seek care at this clinic?</p> | <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure Please explain:</p> |
| <p>How would you rate your overall experience with this phone call?</p> | <p>4 -----3-----2-----1 Excellent Poor</p> |
| <p>Other feedback/comments:</p> | |

Call Supervisor Evaluation:

| | |
|--|--|
| <p>Supervisor name</p> | |
| <p>Did the call pass or fail based on validity criteria?</p> <p>Did the call pass or fail based on the peer caller's overall evaluation?</p> | <p><input type="radio"/> Pass <input type="radio"/> Fail</p> <p><input type="radio"/> Pass <input type="radio"/> Fail</p> <p>Please explain:</p> |
| <p>Other feedback for clinic:</p> | |

Pregnancy Test

Instructions:

- Please read through and familiarize yourself with this scenario prior to calling the clinic.
- You will need to choose a first and last name other than your own to use during the call;
- You will also need to choose a date of birth that matches the age of the caller script assigned below.
- During the call, follow the questions on this form and ask the questions as the conversation allows. *You MUST ask at least one question regarding each topic highlighted in blue. You do not need to ask all questions in each section.*
- After you complete the call, please complete this form as accurately and thoroughly as possible with your Call Supervisor.
- THANK YOU for participating in this important step in our clinic assessment process!! You are making a difference for young people in your community!

Caller scenario:

You will be calling the clinic listed below as a **16 year-old wanting a pregnancy test**. You have been sexually active for 6 months and you don't always use a condom. You do not use any other form of birth control. The last time you had unprotected sex was last week.

Clinic information:

| | |
|---------------|----------------------------|
| Clinic name | |
| Phone | |
| Clinic hours | |
| Caller script | 16 yr old – pregnancy test |
| Notes: | |

Caller Information:

| | |
|---|--|
| Peer Leader name | |
| Peer organization | |
| Caller alias (first & last name) | |
| Caller Alias date of birth <i>month/day/year</i> | |
| Date of call | |
| Start time of call | |
| End time of call | |

Call Validity:

| | |
|--|--|
| Did you call during office hours? | <input type="radio"/> Yes <input type="radio"/> No |
| Was the call answered? | <input type="radio"/> Yes <input type="radio"/> No |
| Were you put on hold? | <input type="radio"/> Yes <input type="radio"/> No |
| How many times were you put on hold? | <input type="radio"/> 1x <input type="radio"/> more than 1x |
| Were you ever on hold for an unusually long time? | <input type="radio"/> Yes <input type="radio"/> No approx. # of minutes: |
| Were you transferred to voicemail, asked to call back, or told to call another number? | <input type="radio"/> Yes <input type="radio"/> No |
| How many times were you transferred? | <input type="radio"/> 1x <input type="radio"/> 2x <input type="radio"/> more than 2x |
| If you were told to call another number, what was the reason that the clinic gave? | |
| Other notes: | |

Clinic Services:

| | |
|---|--|
| What services were you calling about? | Pregnancy Test |
| <p>Services</p> <p>Do you offer pregnancy tests? Will I get the results that day? What will happen when I come? Can I get on birth control?</p> | <p>Are you confident after this call that you can get the services you need at this clinic? <input type="radio"/> Yes <input type="radio"/> No If No, please explain:</p> |
| <p>Confidentiality</p> <p>Will my parents find out I was there? Will anyone else find out I was there?</p> | <p>Are you confident after this call that you could get confidential services at this clinic? <input type="radio"/> Yes <input type="radio"/> No If No, please explain:</p> |
| <p>Affordability</p> <p>How much will it cost? If I can't pay anything can I still be seen? Do I have to use my insurance? What if I don't have insurance? Do I have to bring proof of my income for sliding fee scale</p> | <p>Are you confident after this call that you could afford to go this clinic? <input type="radio"/> Yes <input type="radio"/> No If No, please explain:</p> |
| <p>Appointment</p> <p>Do I need an appointment? How soon can I get in? Can I just walk-in?</p> | <p>Were you able to make an appointment within the next 3 days not during your school day? <input type="radio"/> Yes <input type="radio"/> No If NO, how many days between the phone call and the appointment?</p> |

Peer Caller Evaluation:

| | |
|---|---|
| <p>Did you feel respected during the call?</p> <p>Did you feel that the staff person understood your needs and concerns?</p> <p>Did you get the information you needed?</p> | <p><input type="radio"/> Yes <input type="radio"/> No Please explain:</p> <p><input type="radio"/> Yes <input type="radio"/> No Please explain:</p> <p><input type="radio"/> Yes <input type="radio"/> No Please explain:</p> |
| <p>If you wanted to get on birth control, would you seek care at this clinic?</p> | <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure Please explain:</p> |
| <p>How would you rate your overall experience with this phone call?</p> | <p>4 -----3-----2-----1 Excellent Poor</p> |
| <p>Other feedback/comments:</p> | |

Call Supervisor Evaluation:

| | |
|--|--|
| <p>Supervisor name</p> | |
| <p>Did the call pass or fail based on validity criteria?</p> <p>Did the call pass or fail based on the peer caller's overall evaluation?</p> | <p><input type="radio"/> Pass <input type="radio"/> Fail</p> <p><input type="radio"/> Pass <input type="radio"/> Fail</p> <p>Please explain:</p> |
| <p>Other feedback for clinic:</p> | |

This document was developed by Hennepin County Public Health.

STD test

Instructions:

- Please read through and familiarize yourself with this scenario prior to calling the clinic.
- You will need to choose a first and last name other than your own to use during the call;
- You will also need to choose a date of birth that matches the age of the caller script assigned below.
- During the call, follow the questions on this form and ask the questions as the conversation allows. *You MUST ask at least one question regarding each topic highlighted in blue. You do not need to ask all questions in each section.*
- After you complete the call, please complete this form as accurately and thoroughly as possible with your Call Supervisor.
- THANK YOU for participating in this important step in our clinic assessment process!! You are making a difference for young people in your community!

Caller scenario:

You will be calling the clinic listed below as a **17 year-old worried about having an STD**. You have been sexually active for 6 months and you don't always use a condom. You do not have any symptoms right now but your partner wants you to get tested.

Clinic information:

| | |
|---------------|----------------------------|
| Clinic name | |
| Phone | |
| Clinic hours | |
| Caller script | 16 yr old – pregnancy test |
| Notes: | |

Caller Information:

| | |
|---|--|
| Peer Leader name | |
| Peer organization | |
| Caller alias (first & last name) | |
| Caller Alias date of birth <i>month/day/year</i> | |
| Date of call | |
| Start time of call | |
| End time of call | |

Call Validity:

| | |
|--|--|
| Did you call during office hours? | <input type="radio"/> Yes <input type="radio"/> No |
| Was the call answered? | <input type="radio"/> Yes <input type="radio"/> No |
| Were you put on hold? | <input type="radio"/> Yes <input type="radio"/> No |
| How many times were you put on hold? | <input type="radio"/> 1x <input type="radio"/> more than 1x |
| Were you ever on hold for an unusually long time? | <input type="radio"/> Yes <input type="radio"/> No approx. # of minutes: |
| Were you transferred to voicemail, asked to call back, or told to call another number? | <input type="radio"/> Yes <input type="radio"/> No |
| How many times were you transferred? | <input type="radio"/> 1x <input type="radio"/> 2x <input type="radio"/> more than 2x |
| If you were told to call another number, what was the reason that the clinic gave? | |
| Other notes: | |

Clinic Services:

| | |
|--|--|
| What services were you calling about? | STD Test |
| <p>Services</p> <p>What will happen when I come? Will you test me for everything? What is the test like, do I just pee in a cup? If I have an STD will you give me medicine when I am there? What do I need to do if my partner needs to get treated?</p> | <p>Are you confident after this call that you could get the services you need at this clinic?</p> <p><input type="radio"/> Yes <input type="radio"/> No If No, please explain:</p> |
| <p>Confidentiality</p> <p>Will my parents find out I was there? Will anyone else find out I was there?</p> | <p>Are you confident after this call that you can get confidential services?</p> <p><input type="radio"/> Yes <input type="radio"/> No If No, please explain:</p> |
| <p>Affordability</p> <p>How much will it cost? If I can't pay anything can I still be seen? Do I have to use my insurance? What if I don't have insurance? Do I have to bring proof of my income for sliding fee scale?</p> | <p>Are you confident after this call that you could afford to go this clinic?</p> <p><input type="radio"/> Yes <input type="radio"/> No If No, please explain:</p> |
| <p>Appointment</p> <p>Do I need an appointment? How soon can I get in? Can I just walk-in?</p> | <p>Were you able to make an appointment within the next 3 days not during your school day?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If NO, how many days between the phone call and the appointment?</p> |

Peer Caller Evaluation:

| | |
|---|---|
| <p>Did you feel respected during the call?</p> <p>Did you feel that the staff person understood your needs and concerns?</p> <p>Did you get the information you needed?</p> | <p><input type="radio"/> Yes <input type="radio"/> No Please explain:</p> <p><input type="radio"/> Yes <input type="radio"/> No Please explain:</p> <p><input type="radio"/> Yes <input type="radio"/> No Please explain:</p> |
| <p>If you wanted to get on birth control, would you seek care at this clinic?</p> | <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure Please explain:</p> |
| <p>How would you rate your overall experience with this phone call?</p> | <p>4 -----3-----2-----1 Excellent Poor</p> |
| <p>Other feedback/comments:</p> | |

Call Supervisor Evaluation:

| | |
|--|--|
| <p>Supervisor name</p> | |
| <p>Did the call pass or fail based on validity criteria?</p> <p>Did the call pass or fail based on the peer caller's overall evaluation?</p> | <p><input type="radio"/> Pass <input type="radio"/> Fail</p> <p><input type="radio"/> Pass <input type="radio"/> Fail</p> <p>Please explain:</p> |
| <p>Other feedback for clinic:</p> | |

Pregnancy test summary (Sample)

Caller scenario:

You will be calling the clinic listed below as a **16 year-old wanting a pregnancy test**. You have been sexually active for 6 months and you don't always use a condom. You do not use any other form of birth control. The last time you had unprotected sex was last week.

Clinic information:

| | |
|---------------|----------------------------|
| Clinic name | |
| Phone | |
| Clinic hours | |
| Caller script | 16 yr old – pregnancy test |
| Notes: | |

Caller Information:

| | |
|--------------------|--------|
| Date of call | 6/6/16 |
| Start time of call | 3:54 |
| End time of call | 3:59 |

Call Validity:

| | |
|--|--|
| Did you call during office hours? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Was the call answered? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Were you put on hold? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| How many times were you put on hold? | <input type="radio"/> 1x <input type="radio"/> more than 1x |
| Were you ever on hold for an unusually long time? | <input type="radio"/> Yes <input type="radio"/> No approx. # of minutes: |
| Were you transferred to voicemail, asked to call back, or told to call another number? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| How many times were you transferred? | <input type="radio"/> 1x <input type="radio"/> 2x <input type="radio"/> more than 2x |
| If you were told to call another number, what was the reason that the clinic gave? | |
| Other notes: | |

Clinic Services:

| | |
|---|---|
| <p>What services were you calling about?</p> | <p>Pregnancy Test</p> |
| <p>Services Do you offer pregnancy tests? Will I get the results that day? What will happen when I come? Can I get on birth control?</p> | <p>Are you confident after this call that you can get the services you need at this clinic? <input checked="" type="radio"/> Yes <input type="radio"/> No If No, please explain: <i>I know that I could get the services there, I'm just not sure what would happen. He said that the volunteers do the pregnancy test, but he wouldn't really say much else about it. If I wanted to get BC I would have to make a separate appointment with the clinician.</i></p> |
| <p>Confidentiality Will my parents find out I was there? Will anyone else find out I was there?</p> | <p>Are you confident after this call that you could get confidential services at this clinic? <input checked="" type="radio"/> Yes <input type="radio"/> No If No, please explain: <i>He told me about the law that is implemented in Minnesota.</i></p> |
| <p>Affordability How much will it cost? If I can't pay anything can I still be seen? Do I have to use my insurance? What if I don't have insurance? Do I have to bring proof of my income for sliding fee scale</p> | <p>Are you confident after this call that you could afford to go this clinic? <input checked="" type="radio"/> Yes <input type="radio"/> No If No, please explain: <i>He told me I can sign up for the MFPP, and if I don't qualify or don't have insurance then it would be about \$12.</i></p> |
| <p>Appointment Do I need an appointment? How soon can I get in? Can I just walk-in?</p> | <p>Were you able to make an appointment within the next 3 days not during your school day? <input checked="" type="radio"/> Yes <input type="radio"/> No If NO, how many days between the phone call and the appointment? <i>The soonest I could get in not during the school day was Thursday at 4pm. When I asked if I could walk in he said that they prefer appointments.</i></p> |

Peer Caller Evaluation:

| | |
|---|--|
| <p>Did you feel respected during the call?</p> <p>Did you feel that the staff person understood your needs and concerns?</p> <p>Did you get the information you needed?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No Please explain: <i>It was a good conversation overall. He was able to give good information and he listened.</i></p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No Please explain: <i>He listened to me and he seemed nice.</i></p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No Please explain: <i>He couldn't really explain the process of a pregnancy test and never told me what would happen when I would be getting tested.</i></p> |
| <p>If you wanted to get on birth control, would you seek care at this clinic?</p> | <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Sure Please explain: <i>I still don't know what would happen when I take it. I'm not sure how volunteers are trained and I think I would need more information.</i></p> |

| | |
|--|--|
| How would you rate your overall experience with this phone call? | 4 -----3-----2-----1 Excellent Poor |
| Other feedback/comments: | <i>They could improve by making sure they provide better descriptions of what would happen at a visit. I know I could get the affordability and confidentiality here, I just still don't know the process. It would be nice if employees knew the process and could explain it in simple terms. If they did that I would have been way more confident in the phone call.</i> |

Call Supervisor Evaluation:

| | |
|--|--|
| Supervisor name | |
| Did the call pass or fail based on validity criteria? | <input checked="" type="radio"/> Pass <input type="radio"/> Fail |
| Did the call pass or fail based on the peer caller's overall evaluation? | <input checked="" type="radio"/> Pass <input type="radio"/> Fail |
| Other feedback for clinic: | <i>When asked what would happen during the appointment, the clinic rep. explained that volunteers do the pregnancy tests and that is the results are positive that they offer all-options counseling. The caller seemed frustrated that the person she was talking to was unable to explain the process of what would happen with the volunteer if she were to come in for a pregnancy test. Making sure that all staff answering phones are familiar with the processes of the different services offered would give callers a greater peace of mind about their visit, especially when it can be explained to them in a straight forward manner.</i> |

This document was developed by Hennepin County Public Health.

Sample questions

One of the best practices identified in our Standards of Care states the following:

Adolescent specific client satisfaction surveys are regularly distributed to adolescents and service improvements are addressed.

In an effort to support our partner clinics in meeting that best practice, we have developed some sample questions that can be used on an adolescent-specific patient satisfaction survey. We gathered feedback on these questions from a local group of young people and made adaptations based on their feedback.

We created the survey questions to answer how well you are meeting the following four Standards of Care and best practices.

- Standard 1:** Guarantee confidentiality and adolescents' rights to consent to sexual and reproductive health care.
- Standard 2:** Make services accessible and facilities welcoming to adolescents.
- Standard 3:** Deliver patient-centered care that is sensitive to each adolescent's culture, ethnicity, community values, religious, language, educational level, sex, gender and sexual orientation.
- Standard 4:** Screen all adolescents for sexual and reproductive health issues, including substance use and mental health concerns, and provide appropriate education, counseling, care or referral.

The remaining three standards are better measured by other measurement tools.

The questions that follow are a starting point for your client survey. You can use all or some of these questions based on what you are trying to learn. You can also add questions to get additional feedback about your services.

This document includes the questions in two formats:

1. By the standard they measure
2. In a sample survey template to be adapted to your clinic

Adolescent Specific Satisfaction Survey – Sample Questions

Standard 1

Guarantee confidentiality and adolescents' rights to consent to sexual and reproductive

Think about your visit today and let us know how much you agree or disagree with the following statements:

1. I was offered time alone to talk with the health care provider I saw today (without my parent or guardian).
 - Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - Not Sure
 - Yes
 - No
 - Not Sure
 - Not Applicable – I did not come with a parent or guardian

2. I was told I could get sexual health services without permission from my parent or guardian.
 - Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - Not Sure

3. I trust my confidentiality is respected at this clinic. (Confidentiality means that no one outside the clinic will know about your visit without your permission).
 - Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - Not Sure

4. I feel comfortable at this clinic.
 - Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - Not Sure

Standard 2

Make services accessible and facilities welcoming to adolescents.

Think about your visit today and let us know how much you agree or disagree with the following statements:

5. The staff helped me figure out how to pay for my services (for example, helped me use my insurance, told me there was no fee, helped me sign up for assistance, made a payment plan for me.)
 - Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - Not Sure

6. The clinic staff was respectful and friendly.
- Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - Not Sure
7. I was able to make this appointment at a time that was convenient for me.
- Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - Not Sure

Standard 3

Deliver patient-centered care that is sensitive to each adolescent's culture, ethnicity, community values, religious, language, educational level, sex, gender and sexual orientation.

Think about your visit today and let us know how much you agree or disagree with the following statements:

8. The people working at the clinic are non-judgmental.
- Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - Not Sure
9. My culture and identity were understood and valued.
- Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - Not Sure
10. The staff respected me and my concerns.
- Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - Not Sure
11. Everything was explained to me before it happened.
- Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - Not Sure
12. I felt comfortable asking questions.
- Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree
 - Not Sure

13. My questions were answered well.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- Not Sure

Standard 4

Screen all adolescents for sexual and reproductive health issues, including substance use and mental health concerns, and provide appropriate education, counseling, care or referral.

14. My health care provider asked me about my sexual health

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- Not Sure

15. I can get my sexual health questions answered at this clinic.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- Not Sure

16. If you needed services for something other than what you came in for today:

- a. Did the clinic staff give you a list of other services that might be able to help?
 - Yes
 - No
 - No referral needed
- b. Did they offer to help you connect to that service within the clinic or community?
 - Yes
 - No
 - No referral needed

17. Would you recommend this clinic to a friend?

- Yes
- No
- Not sure

Open Ended Questions. Pick 1-2 that you are most interested in.

18. Anything else you would like to tell us about your visit?

19. Anything you think we should do differently?

20. Anything you particularly liked about your visit with us today?

21. Would you use this clinic again in the future?

- Yes
- No
- Not sure
- Please explain

Note: These questions are written for a survey given to clients at the end of their visit. If instead you send your surveys to clients after their visit, you will need to adjust the questions accordingly. For example, change the wording in the first question to, "think about your last visit and let us know how much you agree or disagree with the following statements:"

Questions in a survey format

Clinic Name

Think about your visit today and let us know how much you agree or disagree with the following statements:

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Doesn't Apply |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I was offered time alone to talk with the health care provider (without my parent or guardian). | <input type="radio"/> |
| I was told I could get sexual health services without permission from my parent or guardian. | <input type="radio"/> |
| I trust my confidentiality is respected at this clinic. (Confidentiality means that no one outside the clinic will know about your visit without your permission). | <input type="radio"/> |
| I feel comfortable at this clinic. | <input type="radio"/> |
| The staff helped me figure out how to pay for my services (for example, helped me use my insurance, told me there was no fee, helped me sign up for assistance, made a payment plan for me.) | <input type="radio"/> |
| The clinic staff was respectful and friendly. | <input type="radio"/> |
| The clinic staff was respectful and friendly. | <input type="radio"/> |
| I was able to make this appointment at a time that was convenient for me. | <input type="radio"/> |
| The people working at the clinic are non-judgmental. | <input type="radio"/> |
| My culture and identity were understood and valued. | <input type="radio"/> |
| The staff respected me and my concerns. | <input type="radio"/> |
| Everything was explained to me before it happened. | <input type="radio"/> |
| I felt comfortable asking questions. | <input type="radio"/> |
| My questions were answered well. | <input type="radio"/> |
| My health care provider asked me about my sexual health | <input type="radio"/> |
| I can get my sexual health questions answered at this clinic. | <input type="radio"/> |

Did you get what you came here for today?

- Yes
- No

If you needed services for something other than what you came in for today:

- a. Did the clinic staff give you a list of other services that might be able to help?
 - Yes
 - No
 - No referral needed
- b. Did they offer to help you connect to that service within the clinic or community?
 - Yes
 - No
 - No referral needed

Would you recommend this clinic to a friend?

- Yes
- No
- Not sure

Open Ended Questions. (Pick 1-2 that you are most interested in.)

22. Anything else you would like to tell us about your visit?

23. Anything you think we should do differently?

24. Anything you particularly liked about your visit with us today?

25. Would you use this clinic again in the future?

- Yes
- No
- Not Sure

Please explain

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