

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

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

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 Practice	Assessment Question	Correct Answer
Clinicians see every visit as an opportunity to address HIV, STI and pregnancy prevention with all adolescent clients.	<p>At what age does your clinic routinely begin to do an age appropriate assessment of a client’s sexual health?</p> <p>A. 12 D. When they are sexually active B. 13-15 E. We don’t have a specific age C. 16</p>	A
	<p>How often are the following addressed with adolescent clients?</p> <ul style="list-style-type: none"> • 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 <p>A. At every visit B. Annually C. As indicated D. Annually and as indicated E. Not a part of routine practice</p>	For every topic: A or D - correct B and C - they have to both be checked to be correct
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.	<p>Does your assessment process address the following?</p> <p>A. Sexual health 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</p>	All
	<p>How frequently do you update the client information on this assessment?</p> <p>A. At every visit B. Annually C. As indicated D. Annually and as indicated E. Not a part of routine practice</p>	For every topic: A or D - correct B and C - they have to both be checked to be correct
	<p>If you use a standardized health assessment tool, what do you use (e.g. HEADSSS)?</p>	Information only

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.	What type of referral system do you have in place for the following services not offered on-site? <ul style="list-style-type: none"> • Alcohol, tobacco and drug abuse • Mental health • Sexual violence • Services specific to LGBTQ youth 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	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.	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	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>	A
	<p>Which of the following STIs do you screen for? A. Chlamydia B. Gonorrhea C. HIV D. Syphilis E. Other, please specify</p>	A, B and C
<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>	A
	<p>Does your clinic provide/require pre-test counseling for HIV tests? A. Yes B. No</p>	A
<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 • Trichomaniasis • 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>	B

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.

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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="checkbox"/>	<input type="text"/>
Adolescent mental health	<input type="checkbox"/>	<input type="text"/>
Unique needs of lesbian, gay, bisexual and transgender youth	<input type="checkbox"/>	<input type="text"/>
Culturally competent/sensitive health care	<input type="checkbox"/>	<input type="text"/>
Trauma informed care	<input type="checkbox"/>	<input type="text"/>
Sexual and reproductive health rights for adolescents	<input type="checkbox"/>	<input type="text"/>
Sexual violence/exploitation as it relates to adolescent sexual health	<input type="checkbox"/>	<input type="text"/>
MN law regarding violence/exploitation of adolescents, e.g., Safe Harbor	<input type="checkbox"/>	<input type="text"/>
MN laws regarding minors and abortion	<input type="checkbox"/>	<input type="text"/>
Adoption resources in MN	<input type="checkbox"/>	<input type="text"/>
Paternity laws and procedures in MN	<input type="checkbox"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female identified clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transgender clients (gender queer, gender nonconforming, gender fluid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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.