

# VI. APPENDICES: STD PREVENTIVE SERVICES GAP ASSESSMENT TOOLS

## A. Checklist

<b>Section A: Organization Data</b>		Date: _____
Name: _____		
Address: _____		
Hours of Operation:	Day: _____	Evening: _____ Weekend: _____
How long has the organization been established? <input type="checkbox"/> <2 years <input type="checkbox"/> < 5 years <input type="checkbox"/> 5 years or more		
<b>Note:</b> Please note estimates with an asterisk (*)		
Provider Type (Check all that apply):		
<input type="checkbox"/> PHC – Public Health/STD Clinic	<input type="checkbox"/> PP – Private Provider Type: _____	
<input type="checkbox"/> ACO – Accountable Care Org	<input type="checkbox"/> HMO – Health Maintenance Org	
<input type="checkbox"/> CBO – Community Based Org	<input type="checkbox"/> CHC – Community Health Clinic	
<input type="checkbox"/> CP – HIV Clinic	<input type="checkbox"/> IDC – Infectious Disease Clinic	
Patient/client capacity: _____ patients seen per week		
• Specialize in adolescent/youth populations?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
• Specialize in MSM or LGBT populations?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
• Specialize in Other: _____	No <input type="checkbox"/>	Yes <input type="checkbox"/>
STD/HIV morbidity (past 3 months):		
• GC _____ cases	• Syphilis _____ cases	• HIV _____ cases (new)
• CT _____ cases		• HIV _____ cases (in tx)
Records Management approach (If Yes, please indicate Vendor):		
• Electronic Medical Records (EMR)	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Vendor: _____		
• Electronic Health Records (EHR)	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Vendor: _____		
Insurance/payments management capacity (Check all that apply):		
<input type="checkbox"/> Private	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare <input type="checkbox"/> Patients charged directly <input type="checkbox"/> We do not bill for services
What type of resources do you receive from the Health Department (check all that apply)?		
<input type="checkbox"/> Funding	<input type="checkbox"/> Bicillin	<input type="checkbox"/> Condoms <input type="checkbox"/> Informational brochures or pamphlets
<input type="checkbox"/> Training/CEUs	<input type="checkbox"/> Staff	<input type="checkbox"/> Screening support <input type="checkbox"/> Assistance with partner services
<input type="checkbox"/> Laboratory services	<input type="checkbox"/> Other (Other please specify here _____)	

## SECTION B SERVICES CHECKLIST

Screening or testing: Sample collected onsite	These services are offered for:			Comments	
	MSM	Adolescents	General		
<b>If NO screening or testing skip to Other Services</b>					
HIV/Rapid					
HIV/Mouth Swab					
HIV/Blood					
<b>IF HIV Testing Site Only Skip to Outreach Screening/Testing</b>					
Chlamydial infection					
Gonorrhea					
Extra-genital testing (Throat/anal) for chlamydia or gonorrhea					
Syphilis (Blood draw)					
Syphilis (finger stick rapid test)					
Herpes simplex virus, type 1 or 2					
Human papillomavirus					
Bacterial Vaginosis					
Trichomoniasis					
Hepatitis A					
Hepatitis B					
Hepatitis C					
Other (Please specify)					
<b>History and Physical Exam</b>	<b>MSM</b>	<b>Adolescents</b>	<b>General</b>		
Sexual History & Risk Assessment					
Physical Examination					
<b>Onsite treatment</b>	<b>MSM</b>	<b>Adolescents</b>	<b>General</b>	<b>Onsite Pharmacy/Medications</b>	<b>Prescription Given</b>
Chlamydial infection					
Gonorrhea					
Syphilis					

Herpes, type 1 or 2					
HPV (genital warts)					
Bacterial vaginosis					
Trichomoniasis					
Hepatitis B					
Hepatitis C					
<b>Outreach Screening/testing</b>	<b>MSM</b>	<b>Adolescents</b>	<b>General</b>		
Jails					
Screening on College/high school Campuses					
Bars/ Night Clubs/Bathhouses					
Other community venues					
Use of a mobile testing unit					
Other community outreach to promote STD services				Check if outreach includes using social media [ ]	
<b>Onsite Vaccination</b>	<b>MSM</b>	<b>Adolescents</b>	<b>General</b>		
Human papillomavirus					
Hepatitis A					
Hepatitis B					
<b>Onsite Reproductive Health Services</b>	<b>MSM</b>	<b>Adolescents</b>	<b>General</b>		
Long-acting reversible contraception (LARC) or Birth Control Pills					
Emergency Contraceptive Provision					
Family planning counseling					
STD testing for pregnant women					

Onsite STD/HIV Patient Management and other Services	MSM	Adolescents	General		
Website with STD information					
STD prevention written guidance					
Sex Education					
Contact infected patient's sex partners to notify of exposure & suggest care.				Check if ever done through email, text, or social media [ ]	Check if done through collaboration with HD [ ]
Interview patients for partners and inform health department					
Patients receive notification letter(s) to give to their partner(s)					
Brief interactive counseling to encourage infected patients to notify partners of exposure					
Patients can get meds or prescriptions to give to partners				Please name infections for which this is done here, if applicable (e.g., gonorrhea, chlamydia).	
Brief STI/HIV behavioral counseling intervention sessions (up to 30 minutes)					
STI/HIV behavioral counseling intervention sessions (more than 30 minutes)					
PrEP counseling					
PrEP medication					
PEP counseling					
PEP medication					
HIV Case Management (including re-linkage to care)					

Non STD Services	MSM	Adolescents	General	Onsite	Referred to other provider
				Check below for any of these options if your facility directly provides this service onsite.	Check below for any of these options if your facility provides a written referral to a separate organization that directly provides the service.
Substance abuse treatment					
Primary Care medical services					
Health management services (e.g., chronic disease prevention)					
Mental health services					
Social service programs (e.g., job-seeking assistance, WIC, SNAP)					
Health insurance enrollment					
Community-located protective services (e.g., shelters, domestic violence)					



**Notes/Additional Information**

Is there anything else that we did not ask, that you think we should consider or know?

Thank you again for participating. Please return completed checklist back to: \_\_\_\_\_

by \_\_\_\_\_.