Health Resource Center Program
Guidelines and Standards
**About AccessMatters**

AccessMatters, formerly Family Planning Council, is the catalyst for providing access to sexual and reproductive health care for teens and adults in need. As a capacity building organization, we have been trailblazing for over 40 years to eliminate barriers to high caliber care for more than 200,000 people annually. Through research, training, delivery of evidenced-based programs, community engagement, and advocacy, AccessMatters is poised to lead the way in transforming access to sexual and reproductive health.

**Acknowledgements**

For over twenty years, AccessMatters has had the pleasure of administering Health Resource Centers. This incredibly important work could not have been possible without the support and partnership of the Pennsylvania Department of Health, U.S. Department of Health and Human Services - Office of Population Affairs, and the Philadelphia Department of Public Health - AIDS Activities Coordinating Office.
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I. Purpose

The guidelines and standards of the Health Resource Center Program are described in the following sections. This includes goals and core activities of the program as well as the roles and responsibilities of AccessMatters and grantee organizations. AccessMatters will routinely monitor the activities of the Health Resource Centers to ensure that grantee organizations are adhering to established guidelines and meeting standards to ensure a high level of quality in the Health Resource Center Program.
II. Program Overview

AccessMatters has managed a Health Resource Center Program since 1992. Founded as a partnership between AccessMatters, the Philadelphia Department of Public Health, and the School District of Philadelphia, the original program expanded to the Chester-Upland School District and now consists of 13 Health Resource Center sites in Southeastern Pennsylvania (12 in public and charter schools and one in a juvenile justice center).

The purpose of the program is to provide a private, confidential, easily-accessible location where youth can receive high-quality sexual and reproductive health counseling, education, and/or services from a trained professional. Health Resource Centers expand access to healthcare by serving as an important conduit for linking adolescents and families to comprehensive quality healthcare services through established clinical partnerships.

The two main goals of the Health Resource Center Program are:

- Increase access to quality sexual and reproductive health education and counseling among adolescents ages 13-19 years in high-need communities to better inform their health decisions; and
- Increase access to tools to decrease the risk of STDs, including HIV, and unintended pregnancy, among adolescents ages 13-19 years in high-need communities.

The Health Resource Center Program in Southeastern Pennsylvania is currently administered by AccessMatters in collaboration with the School District of Philadelphia, the Chester Upland School District, local healthcare providers, the Philadelphia Department of Public Health’s AIDS Activities Coordinating Office (AACO), and the Pennsylvania Department of Health (PADOH). Under the direction of AccessMatters, each Health Resource Center site is managed by a grantee organization. The grantee organization is responsible for employing and managing a Health Resource Center Coordinator who is responsible for the day-to-day operations of the Health Resource Center and related activities. These Coordinators are experienced health educators, counselors, and/or social workers.

In 2016, AccessMatters, in partnership with PADOH, has expanded the program to additional counties in Pennsylvania. AccessMatters will administer the program and support grantee organizations in these counties to open Health Resource Center sites in various settings. Roles and responsibilities of AccessMatters and grantee organizations are described in Section V.
III. Core Activities of the Program

The core activities of the Health Resource Center Program are delivery of quality sexual health education, provision of evidence-informed counseling, dissemination of risk-reduction methods, and provision of linkages to care, while ensuring an adolescent-friendly approach to all activities. Outreach and marketing and data collection are additional core activities of the program. All activities are described in more detail in this section.

Health Resource Center Coordinators must inform clients about their rights as a visitor to the Health Resource Center, confidentiality policies, HIPAA, and reporting requirements. This will include notifying students of potential situations in which confidentiality may be broken due to legal requirements. All Health Resource Center sites must display the information stated above in the Health Resource Center as well.

All Health Resource Center Coordinators will obtain the informed consent (Appendix A) of all clients to the Health Resource Center before delivering sexual health education, evidence-informed counseling, disseminating risk-reduction methods, or linkages to care. All adolescents receiving services in the Health Resource Center must consent to the services that they receive. Consent forms should reflect the services offered at individual Health Resource Center sites.
Provision of Quality Sexual Health Education

Health Resource Center Coordinators will provide quality, evidence-informed, age-appropriate sexual and reproductive health education to adolescents in one-on-one, group, and classroom settings. Topics may include the following:

- Abstinence*
- Adolescent development and sexuality
- Anatomy
- Contraceptive methods
- Healthy relationships and intimate partner violence
- Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) issues
- Risk-reduction strategies and safer sex practices
- STDs including HIV/AIDS
- Sexual harassment
- Rights of adolescents to access sexual and reproductive health services

*Along with education about contraception and risk-reduction strategies, education about abstinence can be provided as part of comprehensive sex education. However, abstinence-only education is not permitted as part of the Health Resource Center Program.

AccessMatters and other Health Resource Center expansion partners will provide trainings and resources to ensure that Health Resource Center Coordinators are competent in all necessary subject areas to provide the highest quality sex education to youth in various settings.

All educational presentations and educational materials to be used in the Health Resource Center or used by Health Resource Center Program staff must be approved by AccessMatters before use.

Delivery of Evidence-Informed Counseling

The Health Resource Center Program seeks to provide adolescents with the knowledge and skills they need to make responsible choices about their sexual and reproductive health. All Health Resource Center Coordinators should provide individual Health Resource Center adolescent clients with high-quality, evidence-informed, age-appropriate sexual and reproductive health counseling addressing how to maintain or change their current behaviors to:

- Delay the onset of sexual activity
- Reduce the risk of STDs, HIV, and unintended pregnancy
- Develop healthy decision-making skills around sexuality
- Encourage communication with parents, family, and/or supportive adults
- Enhance partner communication skills
- Build healthy relationships
- Seek sexual and reproductive health services as needed

Health Resource Center Coordinators are required to utilize a motivational interview approach when providing risk-reduction counseling to clients. AccessMatters will provide training on motivational interviewing in the Orientation Training. Counseling should be appropriate and relevant to all students including all racial, ethnic and linguistic groups; gay, lesbian, bisexual and transgender students; and students of all physical, cognitive and emotional abilities.
AccessMatters will also provide training on pregnancy options counseling in the Orientation Training. When providing options counseling to clients in a Health Resource Center, Health Resource Center Coordinators should adhere to the guidelines put forth in the Orientation Training. During options counseling, coordinators must offer pregnant women the opportunity to be provided information and counseling regarding each of the following options: prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination. Coordinators are prohibited from making appointments, negotiating fees, and providing transportation for pregnancy termination.

**Dissemination of Risk-Reduction Tools**

To help reduce the rates of STDs, HIV, and unintended pregnancy, Health Resource Centers have condoms available to all clients. Condom dissemination by Health Resource Center Coordinators should be supported by counseling and education that stresses the benefits of delaying sexual activity and other risk-reduction strategies, including the correct and consistent use of condoms.

In addition to a wide variety of male condoms and female condoms, Health Resource Centers should also offer dental dams and lubricant and counsel about their use and effectiveness in preventing STDs.

**Provision of Linkages to Care**

AccessMatters requires grantee organizations to establish referral relationships with sexual and reproductive health, primary care, adolescent health, and social service providers in the community. Grantee organizations and Health Resource Center Coordinators should establish relationships with agencies that offer the following types of services, giving consideration to those that are sensitive to the needs of LGBTQ youth:

- **Sexual and reproductive health services including:**
  - Contraceptive visits
  - STD testing and treatment
  - HIV testing and treatment
  - Pregnancy testing and options counseling
  - First and second trimester pregnancy termination services
  - Obtaining a judicial bypass for pregnancy termination
  - Obtaining funds for pregnancy termination
  - Prenatal care

- **Primary care**
  - Vaccinations
  - Chronic illnesses
  - Non-communicable diseases

- **Counseling and other social service providers including:**
  - Mental health counseling
  - Substance use counseling
  - Interpersonal violence
  - Sexual assault response
  - Support for LGBTQ youth
  - Counseling and support services for youth and parents

In addition, grantee organizations should have established referral pathways within the school or agency hosting the Health Resource Center if possible, including referrals to inter-agency personnel such as school nurses, counselors, caseworkers, or other appropriate staff.

Health Resource Center Coordinators should encourage clients to seek comprehensive sexual and reproductive health care as well as routine preventative health services. Health Resource Centers are
expected to be able to provide referrals for all comprehensive adolescent health care services not provided by the Health Resource Center staff.

Ensuring an Adolescent-Friendly Approach to all Activities

The Health Resource Center Program adheres to the components of a “teen-friendly” health visit as outlined by the Centers for Disease Control (CDC; [http://www.cdc.gov/teenpregnancy/health-care-providers/teen-friendly-health-visit.htm](http://www.cdc.gov/teenpregnancy/health-care-providers/teen-friendly-health-visit.htm)). Health Resource Center Coordinators should ensure that an adolescent-friendly approach is taken with all core program activities. Components of a “teen-friendly” visit are described below.

Confidentiality
- Health Resource Centers must visibly display clear information regarding adolescents’ rights to confidentiality. Adolescents receive clear information from coordinators about the state’s laws and the Health Resource Center’s commitment to the rights of adolescents to receive confidential reproductive health care and counseling. Health information disclosed or discussed during a visit is confidential, consistent with state laws and regulations.

Privacy
- The Health Resource Center Coordinator has a one-on-one counseling area to discuss sensitive topics with adolescents where others cannot hear the conversation or see who is participating.
- Health Resource Center Program staff do not discuss clients’ information in common office spaces or with other individuals, unless required by Pennsylvania law.
- Client records are kept secure and are accessible only to select program staff, such as through the use of locked file cabinets or closets or password-protected computer files.

Consent
- Health Resource Centers must make sure all clients are educated about informed consent defined by the CDC as “their right to complete and understandable information about their care and medical procedures, and to give permission to receive medical care related to contraceptive and reproductive health.”
- Health Resource Centers must display and offer clients clear information stating that confidential contraceptive and reproductive health counseling, resources and services, where applicable, are available without the need for parent/guardian consent, consistent with state laws and regulations.

Cultural and Linguistic Appropriateness
- The Health Resource Center environment and staff leave adolescent clients feeling respected and engaged in their health care. Clear effort is made to make certain clients understand the questions being asked of them and any information or test results that are offered. Coordinators must make clear effort to engage clients in two-way conversations, where adolescents feel respected, included and not judged.
- All services and counseling are sensitive to and respectful of each client’s culture, ethnicity, community values, religion, language, educational level, sex, gender identity and expression, sexual orientation, and life experiences including exposure to trauma and violence. All services and counseling are also aligned with the unique needs of adolescents developmentally and physiologically.

Comprehensive Services
- Health Resource Center staff inform adolescents of all sexual and reproductive health services available at the specific Health Resource Center; a referral is provided for any sexual or reproductive health services that are not available at the specific Health Resource Center. Counseling and information is available on all FDA-approved methods to prevent pregnancy.
Methods are presented in a tiered approach starting with the most effective. Contraceptive counseling includes information about emergency contraception.

- Health Resource Center staff inform adolescents about and encourage use of "dual-protection," using a condom for STD/HIV prevention and a highly-effective birth control method for pregnancy prevention at the same time.
- Health Resource Center staff provide risk-reduction counseling to adolescents in an effort to reduce the rates of STDs/HIV and unintended pregnancy.
- For Health Resource Centers implementing the Full Service Model (described in Section IV), female clients can receive most methods of contraception without prerequisite exams or testing, such as Pap test, pelvic exam, breast exam, or STD testing; and all clients can receive STD/HIV counseling, testing, and treatment without having an exam.

**Parent/Guardian Involvement**
- The Health Resource Center Coordinator should encourage adolescents to involve parents or guardians in their health care decisions and questions whenever possible.

**Outreach and Marketing**

Outreach and marketing activities should be youth-informed. Grantee organizations and/or Health Resource Center Coordinators are encouraged to develop a youth advisory committee, survey youth, run art/poster contests, and/or engage youth ambassadors as appropriate to each site. Special events and activities are a best practice for encouraging adolescents to visit the Health Resource Center. Coordinators should plan to hold at least one “Open House” event within the first few weeks of opening a new Health Resource Center. Also, organizing age-appropriate events during different times of the year (i.e. around prom or graduation) can help inform others about the services of the Health Resource Center and engage new clients.

The Health Resource Center Coordinator will also facilitate health awareness campaigns and events throughout the year to raise awareness about sexual and reproductive health topics and increase visibility of the Health Resource Center site. Activities may include tabling at health fairs, classroom and assembly presentations, and other community outreach efforts. AccessMatters will provide materials for designated campaigns. All other materials to be used in the Health Resource Center or used by Health Resource Center Program staff must be approved by AccessMatters before use.

**Data Collection**

Grantee organizations are responsible for ensuring that data is routinely collected and submitted to AccessMatters according to the schedule set by AccessMatters. AccessMatters will provide all Health Resource Center sites with standard data collection and monitoring tools. Data collection activities are described below:

**Community Needs Assessment:** AccessMatters will support grantee organizations in their administration of an annual health needs-assessment survey among adolescents served by the grantee organization.

**Health Resource Center Work Plan:** AccessMatters will supply grantee organizations with a Work Plan Template (Appendix B) and will approve individual work plans developed by each grantee organization. AccessMatters will also provide grantee organizations with a Work Plan Quarterly Progress Report template (Appendix C) and will review routine updates on work plan progress submitted by grantee organizations. For Health Resource Center expansion sites, this Work Plan Quarterly Progress Report will summarize implementation progress and challenges.
Health Resource Center Client Data: The client data collection process for all Health Resource Center sites will follow that of the current Health Resource Center Program in Southeastern Pennsylvania. AccessMatters will provide a Client Visit Abstract (CVA) form (Appendix D) which includes the following:

- Demographic information
- Counseling received
- Contraceptive information
- Lab services and counseling received
- Supplies distributed
- Referrals made as applicable

Health Resource Center Coordinators will collect data from each Health Resource Center client visit using the CVA. Health Resource Center Coordinators will submit CVA data to AccessMatters through a web-based application (called the “Web-App”). A new CVA is completed each time a client visits the Health Resource Center.

CVA data are submitted to AccessMatters regularly, according to a schedule set by AccessMatters. Data are stored in AccessMatters’ data warehouse and are monitored monthly.

Health Resource Center Coordinators should retain a hard copy of the CVA in the client’s Health Resource Center record. All client records must remain confidential and be properly secured within the Health Resource Center.

AccessMatters is in the process of updating the current CVA and data warehouse to include additional data points to better capture the full range of services provided by a Health Resource Center. These additional data points will include group presentations given by a Health Resource Center Coordinator to better determine the number of students reached in those presentations. It will also include a section for notes for use by the Health Resource Center Coordinator to better track the qualitative nature of interactions with Health Resource Center clients and site staff. AccessMatters will train Health Resource Center Coordinators on this revised CVA when it is ready for use.

Health Resource Center Activity Sheet: Until the current CVA and data warehouse are updated to include group presentations given by a Health Resource Center Coordinator, Coordinators must complete Health Resource Center Activity Sheets provided by AccessMatters. Activity sheets include information about outreach efforts conducted that do not warrant a one-on-one level session requiring a CVA. Examples of this would be tabling events, health fairs, classroom/community presentations, assemblies, etc., where multiple youth are seen at a venue. This Activity Sheet includes (1) topic of outreach; (2) outreach type; (3) purpose of outreach effort; (4) total number of students reached; (5) total # of supplies and type distributed; (6) number of parents/guardians reached; and (7) # of school/agency staff reached. Separate Activity Sheets should be submitted for each outreach event.

Youth Health Resource Center Satisfaction Survey: AccessMatters will provide self-satisfaction survey questions to grantee organizations. At least once per year for a set period of time, Health Resource Center Coordinators will ask Health Resource Center clients to complete a satisfaction survey. The satisfaction survey will ask for the client’s demographic information, a description of how the client learned about and used the Health Resource Center, the client’s perceptions of the Health Resource Center and services received, and additional needs that are not currently being met by the Health Resource Center. Completed surveys will be submitted to AccessMatters for analysis. AccessMatters may request additional surveys to determine effectiveness of health awareness campaigns and other initiatives.
IV. Health Resource Center Service Models

Grantee organizations will employ one of the models described below:

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<th>Model</th>
<th>Description</th>
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| Part-Time Model   | • Deliver core activities  
                   • Staffed 20 hours per week at a minimum by an experienced counselor, social worker, or health educator |
| Full-Time Model   | • Deliver core activities  
                   • Staffed 35-40 hours per week by an experienced counselor, social worker, or health educator |
| Full-Service Model| • Deliver core activities plus comprehensive sexual and reproductive health care services including all FDA-approved contraceptive methods  
                   • Staffed by a licensed medical provider, capable of providing all FDA-approved contraceptive methods  
                   • Provision of comprehensive sexual and reproductive health care services must be aligned with federal and state guidelines for quality and effectiveness |
V. Roles and Responsibilities

AccessMatters is the administrator of the Health Resource Center Program. AccessMatters has secured and will work to maintain funding to support the Health Resource Center Program. AccessMatters coordinates and communicates with PADOH and other funders about the program. As the administering agency, AccessMatters establishes the program guidelines and standards, including core activities and roles and responsibilities.

Detailed descriptions of the roles and responsibilities of AccessMatters and grantee organizations are presented in this section.
AccessMatters

Program Management

AccessMatters’ staff oversee and manage the Health Resource Center Program. AccessMatters’ staff work directly with grantee organizations that oversee the Health Resource Center and supervise the Health Resource Center Coordinator and other program staff.

Training

AccessMatters will conduct a three-day Orientation Training for new grantee organizations. The first day of the Orientation Training will provide an overview of the Health Resource Center Program including the following topics:

- Goals of the Health Resource Center Program
- Health Resource Center models
- Health Resource Center core activities
- Data collection and monitoring of data and program activities
- Roles and responsibilities of AccessMatters and grantee organizations
- Work plans and timelines

The second and third days of the Orientation Training will focus on core knowledge and skill competencies related to adolescent sexual and reproductive health that Health Resource Center Coordinators should possess. Topics will include the following:

- Adolescent sexual and cognitive development
- Health Resource Center counseling approach
- Use of motivational interviewing in risk-reduction counseling
- Counseling skills
- Pregnancy options counseling skills
- Making a referral

Coordinators will also be trained in communication models and will have opportunities to practice counseling and interviewing skills.

Health Resource Center Coordinators are required to complete a series of web-based modules and pass the corresponding quizzes. The list of modules is below. Those marked with an asterisk should be completed before the three-day orientation. The ones not marked with an asterisk should be completed within the first three months of the Health Resource Center opening. Health Resource Center Coordinators must also complete Mandatory Child Abuse Reporting Training and send the certificate of completion to AccessMatters before beginning work in the Health Resource Center.

- Adolescent development *
- Anatomy *
- Contraception *
- STDs *
- Sexuality and gender
- Puberty

AccessMatters will also offer additional web-based and in-person trainings throughout the year as needed.
Technical Assistance

AccessMatters’ staff will provide ongoing support to all grantee organizations and Health Resource Center staff as appropriate. In addition to routine check-ins with individual sites to discuss implementation progress, AccessMatters will convene quarterly virtual meetings using an online learning and meeting tool. These virtual meetings will involve Health Resource Center Coordinators, supervisors, and other grantee organization staff as appropriate. During these meetings, Health Resource Center Coordinators will update others on their progress and AccessMatters’ staff will provide updates on implementation of the program across the state, discuss common challenges that grantee organizations are experiencing, and facilitate a discussion with participants about potential solutions.

The AccessMatters team will also conduct in-person site visits to all Health Resource Centers. At these site visits, AccessMatters staff will assess implementation status, help partners adjust implementation work plans if necessary, discuss performance measures and areas for improvement, assess fidelity with the selected Health Resource Center model, and audit compliance with other programmatic requirements as well as provision of high-quality services.

AccessMatters will convene an annual in-person meeting bringing all Health Resource Center Program staff and relevant stakeholders together. The purpose of this meeting will be to discuss lessons learned from implementation thus far in Year 1. These lessons learned will inform roll-out of the program to additional sites in Year 2. Health Resource Center Program staff and stakeholders will also discuss plans for Year 2, incorporating any changes that need to be made based on challenges that they have experienced to that point.

Data Management

AccessMatters will provide all Health Resource Center sites with standard data collection and monitoring tools as described in Section III. AccessMatters will also manage the data warehouse to house all collected data. AccessMatters will also provide each grantee organization with a secure-encrypted laptop with which to collect data. AccessMatters’ Laptop Agreement is included as Appendix E.

Quality Improvement (QI) Support

AccessMatters will work closely with all partners to ensure a high level of quality in the Health Resource Center Program. Utilizing the Plan-Do-Study-Act (PDSA) model of continuous quality improvement (CQI), AccessMatters staff will work with partners to improve processes at the individual Health Resource Center site-level up to the state-level.

AccessMatters’ staff will routinely monitor data submitted by individual Health Resource Center sites and work with individual sites to address any issues that arise in a timely manner.

AccessMatters staff will also conduct site visits at each Health Resource Center annually. At these site visits, AccessMatters will discuss implementation status, data trends, and areas for improvement, assess fidelity with the selected Health Resource Center model, and audit compliance with other programmatic requirements as well as provision of high-quality services.

Based on routine monitoring of data and findings from the site visits, AccessMatters will identify potential opportunities to improve the quality of the Health Resource Center Program and services, both at the individual site as well as the state-level.
Communication Support

AccessMatters can provide grantees with support related to external communication about the Health Resource Center site(s) and/or program, including messaging about the program, media training, and other resources. All public-facing communications (printed or electronic), including press releases, donor appeals, and supporter messages that reference the Health Resource Center must include the appropriate funding statement supplied to the grantee by AccessMatters.

AccessMatters strongly encourages grantees to utilize local media outlets and social media to publicize the Health Resource Center. AccessMatters will provide guidance to grantees about utilizing social media to promote the program.

Grantees should notify AccessMatters immediately, prior to responding to any proactive outreach if a staff member receives a request from a member of the media related to the Health Resource Center site(s) or program or if the grantee organization has plans to proactively reach out to the media about the program. In these cases, contact the appropriate AccessMatters’ Program Manager and Communications staff (Appendix F).

AccessMatters may periodically conduct statewide or localized media outreach about the Health Resource Center Program. In all instances, AccessMatters will coordinate with the grantee organization and local partner organization prior to any such outreach. AccessMatters may collaborate with grantees on kick-off events and open houses where appropriate for media, elected officials, and key community leaders.

Periodically, AccessMatters may also ask grantees for content to post on the AccessMatters’ social media sites or to use in publications promoting the program. Content can include photographs or videos of displays, but no identifiable faces in order to respect confidentiality, unless prior written consent is obtained. If written consent is obtained, signed consent forms must be maintained by the grantee organization and available for review by AccessMatters. The Health Resource Center Program may have a specific hashtags to help personalize the posts.

AccessMatters may publish information about the program in the form of conference abstracts, posters, and journal articles. These publications may include descriptions of program activity as well as data submitted from Health Resource Center sites.

Outreach and Marketing Support

AccessMatters will provide capacity-building and technical assistance around developing outreach and marketing plans, materials, and presentations. The assistance provided may be staff training on how to use social media to promote Health Resource Center events or services, how to utilize health promotion materials, or how to engage with media in promoting the Health Resource Center. AccessMatters will provide standard Health Resource Center materials for health promotions events. All other materials to be used in the Health Resource Center or used by Health Resource Center Program staff must be approved by AccessMatters before use.
Grantee Organizations

Grantee organizations and Health Resource Center program staff must adhere to standards and guidelines set forth by AccessMatters, inclusive of adherence to schedules for program implementation and operation, data entry, service quality monitoring and reporting, evaluation, and attendance at required trainings and project meetings. Grantee organizations are responsible for hiring and supervising a Health Resource Center Coordinator and ensuring that the Coordinator is implementing the core activities of the Health Resource Center Program as described in Section III. Grantee organizations must communicate directly with AccessMatters about the Health Resource Center Program.

Contract and Fiscal Management

1. Grantee shall use the Grant Funds only for the Project in the manner described in the Project Work plan and Budget, subject to the terms and conditions of their contract.

2. Except for any initial disbursement and monthly estimated payments made at AccessMatters’ discretion, all disbursements of Grant Funds shall be dependent upon and payable only upon timely submission of Grantee’s Progress and quarterly Financial Reports so noted in number 4 below. AccessMatters reserves the right to change any monthly estimated payments based upon any shortfalls of expenditures allocated to the project which will be identified in the quarterly expenditure reports (Appendix G). Only expenses set out in the Project Work plan and Budget shall be reimbursed. Reimbursements shall not exceed the total amount of the Budget.

3. If an advance was given to the grantee, then recoupment of those advances will adhere to the schedule and terms provided in the contract. Advances are subject to receipt of a fully executed contract.

4. Grantee organizations must submit quarterly cumulative expenditure reports to AccessMatters no later than 30 days after the close of each quarter. Grantee shall respond in a timely manner to AccessMatters’ questions regarding the quarterly expenditure reports and to any other inquiries regarding the Project or the Grant. Expenditure template is included as Appendix G.

5. Late submission of the quarterly expenditure reports shall affect timely disbursements of Grant Funds and failure to submit them can result in termination of the Grant.

6. Grantee is expected to maintain an adequate financial or bookkeeping system to assure the proper generation of quarterly expenditure reports and other reports.

7. Any unexpended Grant Funds not needed to cover costs incurred during the Grant period, and remaining with the Project after the Grant Period ends, shall be returned to AccessMatters within 30 days after the close of the Grant Period.

8. AccessMatters will monitor, observe and evaluate the Project, including making on-site visits. Grantee shall provide AccessMatters’ personnel full access to review financial and other records and materials. AccessMatters reserves the right to conduct an evaluation of the completed Project in order to measure the impact of the Grant.

Work Plan

Grantee organizations are expected to create, submit, and oversee the completion of a work plan using the template provided by AccessMatters (Appendix B). The work plan will consist of goals and activities related to the core activities of the program as well as additional activities determined by the grantee organization and AccessMatters. Grantees must discuss potential changes to the work plan with AccessMatters and submit quarterly work plan narrative reports to AccessMatters.

Site Agreements

Grantee organizations must choose the Health Resource Center service model that best fits organization capacity and population need and submit justification for their chosen model. If the Health Resource
Center site is external to the grantee organization, grantee must have a formal memorandum of understanding (MOU) with the organization housing the site and provide AccessMatters with a copy.

If the grantee organization is not a healthcare entity, the grantee must have a MOU in place with a healthcare entity that provides comprehensive sexual and reproductive health services to adolescents, including a full range of FDA-approved contraceptives, STD/HIV testing and counseling, pregnancy testing, and pregnancy options counseling in accordance with Title X.

Staffing and Supervision

Grantee organizations are responsible for hiring and supervising a Health Resource Center Coordinator who will implement the core activities of the Health Resource Center Program as described in Section III. AccessMatters requires that the following qualifications be included in the job description for each Health Resource Center Coordinator:

- The Health Resource Center Coordinator must be an experienced social worker, counselor, or health educator for both part-time and full-time models.
- For full-service models, the Health Resource Center must be staffed by a licensed medical provider capable of providing all FDA-approved contraceptive methods.
- The Health Resource Center Coordinator must be willing to comply with all required background checks and provide verification of completion/approval from the following:
  - FBI Clearance
  - PA Criminal Background Check
  - PA Child Abuse Clearance
  - Mandatory Child Abuse Reporting Training Certificate of Completion

Grantee organizations must send Health Resource Center Coordinators’ certificates of completion for the mandatory Child Abuse Reporting Training to AccessMatters before Coordinators begin work at the Health Resource Center.

Grantee organizations will be expected to designate a supervisor for the Health Resource Center Coordinator and any support staff for the Health Resource Center site(s). This supervisor is expected to communicate regularly with the Coordinator and with AccessMatters about work plan progress. The supervisor must ensure that the Health Resource Coordinator is implementing the core activities of the Health Resource Center Program as described in Section III. Grantee organizations must inform AccessMatters as soon as possible about hiring, absences, and termination of Coordinators to ensure that a plan is in place to maintain hours of operation at the Health Resource Center site.

Policies and Procedures

Grantee organizations (and/or the organization that physically houses the Health Resource Center site) must have following policies and procedures/protocols on emergencies (e.g. fire, natural disaster, and medical emergencies), mandated child abuse reporting, suicidal ideations/mental health crisis, bullying, and circumstances necessitating disclosure of personal health information.

Prior to opening the Health Resource Center, grantee organizations must decide and inform AccessMatters whether onsite testing for STDs, HIV, and pregnancy will be taking place within the Health Resource Centers.

STD/HIV testing: If STD and/or HIV testing will be performed within the Health Resource Center, grantee organizations must provide AccessMatters with proof that staff performing the tests have all applicable trainings, licensures, and/or certifications and that the site has applicable licenses/certificates and a private area in which to conduct the test(s). In addition, grantee organizations must provide AccessMatters with a written policy and/or protocol describing the referral and/or treatment pathways for

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positive tests. Grantee organizations are required to enter into agreements or contracts with the PA Department of Health STD Program for STD testing as applicable to the type of Health Resource Center service model being implemented.

**Pregnancy testing:** If pregnancy testing will be performed within the Health Resource Center, grantee organizations must provide AccessMatters with proof that staff performing the tests have been trained to provide options counseling and that the site has a private area in which to conduct the test. In addition, grantee organizations must provide AccessMatters with a written policy and/or protocol describing the referral pathways for positive tests.

Grantee organizations implementing full-service models should have contraceptive and other clinical policies and protocols in place as well.

**Preparing and Maintaining the Health Resource Center**

The Health Resource Center should be located in an area that is both comfortable and accessible to adolescents and adheres to the components of an adolescent-friendly health visit as described in Section III. The Health Resource Coordinator should make sure that the room has a secure door lock and adequate and functioning electrical outlets. Items that should be available for use in the Health Resource Center include desk drawers and/or file cabinet that locks, telephone, and telephone and internet hookups.

The Health Resource Center is to be open throughout the year during hours that are convenient to adolescents, and acceptable to other staff who may be present at the site. For example, for organizations that are not based in a school, the site should be open after school hours to accommodate visits before or after school. The Health Resource Center must be open a minimum of 20 hours per week OR 35-40 hours per week depending on the service model chosen. Hours of operation must be displayed at the site. The Health Resource Coordinator is expected to be present during all hours of operation.

The physical space should appeal to youth. A copy of the Client Bill of Rights (Appendix H) must be posted along with AccessMatters’ approved health-related posters and other materials.

To run effectively, the Health Resource Center must be properly supplied. It is the responsibility of the grantee organization to set up their own inventory and supply procedures and policies to ensure that the Health Resource Center is stocked appropriately. AccessMatters can provide grantee organizations with guidance on recommended quantities of supplies. Coordinators will be responsible for communicating with their supervisor about needed supplies in a timely fashion to ensure that the Health Resource Center is always adequately stocked. Before opening, Health Resource Center Coordinators/Supervisors should ensure that a sufficient number of male and female condoms, dental dams, lubricant, penis and pelvic model, incentives (if being used by grantee organization) and office supplies are available.

**External Communication about the Program**

AccessMatters strongly encourages grantee organizations Health Resource Center Coordinators to utilize traditional outreach mechanisms (fliers, etc.) and local media outlets and social media to publicize the Health Resource Center.

Grantees must include the appropriate funding statement supplied to the grantee by AccessMatters for all public-facing communications (printed or electronic), including press releases, donor appeals, and supporter messages that reference the Health Resource Center.

Grantee organizations should notify AccessMatters immediately, prior to responding to/prior to any proactive outreach if a staff member receives a request from a member of the media related to the Health Resource Center site(s) or program or if the grantee organization has plans to proactively reach
out to the media about the program. In these cases, contact the appropriate AccessMatters’ Program Manager and Communications staff (Appendix F).

Periodically, AccessMatters may also ask grantee organizations and/or Health Resource Center Coordinators for content to post on the AccessMatters’ social media sites or to use in publications promoting the program. Content can include photographs or videos of displays, but no identifiable faces in order to respect confidentiality, unless prior written consent is obtained. If written consent is obtained, signed consent forms must be maintained by the grantee organization and available for review by AccessMatters. The Health Resource Center Program may have a specific hashtags to help personalize the posts.
VI. Appendices

A. Client Consent Template
B. Work Plan Template
C. Work Plan Quarterly Progress Report Template
D. Client Visit Abstract (CVA) Form
E. AccessMatters’ Laptop Agreement
F. AccessMatters’ Contact List
G. Quarterly Expenditure Template
H. Youth Bill of Rights
Appendix A

Consent to Receive Services in the Health Resource Center

I have been given information about services offered at the Health Resource Center and notice of personal health information privacy practices. I understand that confidentiality will be maintained as was described in the agency's privacy practices. I understand that I can ask questions about anything I do not understand.

I know that it is my choice whether or not to receive the services offered in the Health Resource Center. I know that at any time, I can change my mind about receiving such services. I understand my rights as a client seeking services and voluntarily request services offered in the Health Resource Center.

No guarantee has been given to me as to the results that may be obtained from any services I receive. I understand that if I am tested for sexually transmitted diseases (STD) and test(s) are positive, reporting of positive results to public health agencies is required by law.

I will be given referrals for further diagnosis or treatment if necessary. I understand that if referral is needed, I will assume responsibility for obtaining care and making payment for this care. I have been told how to get care in case of an emergency.

I consent to receive services offered in the Health Resource Center.

Printed Name of Client: ________________________________

Signature of Client: ___________________________ Date: __________

I witness the fact that the client named above received notice of personal health information privacy practices and voluntary requests services offered in the Health Resource Center.

Signature of Staff Witness: _________________________ Date: __________
## HEALTH RESOURCE CENTER WORK PLAN

### Core Activity 1: Provision of Quality Sexual Health Education

**Goal:** Provide quality, evidence informed, age-appropriate sexual and reproductive health education to adolescents in one-on-one, group, and classroom settings.

<table>
<thead>
<tr>
<th>Objective 1.1:</th>
<th>Activities</th>
<th>Timeline</th>
<th>Responsible Person(s)</th>
<th>Evaluation Measures</th>
<th>Anticipated Challenges</th>
<th>Proposed Solutions</th>
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### Core Activity 2: Delivery of Evidence-Informed Counseling

**Goal:** Provide adolescents with the knowledge and skills they need to make responsible choices about their sexual and reproductive health.

<table>
<thead>
<tr>
<th>Objective 2.1:</th>
<th>Activities</th>
<th>Timeline</th>
<th>Responsible Person(s)</th>
<th>Evaluation Measures</th>
<th>Anticipated Challenges</th>
<th>Proposed Solutions</th>
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### Core Activity 3: Dissemination of Risk-Reduction Tools

**Goal:** Provide risk-reduction tools and counseling that stresses correct and consistent use of condoms and other tools in order to reduce STDs, HIV, and unintended pregnancy.

<table>
<thead>
<tr>
<th>Objective 3.1:</th>
<th>Activities</th>
<th>Timeline</th>
<th>Responsible Person(s)</th>
<th>Evaluation Measures</th>
<th>Data Source(s)</th>
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**Progress to Date:**

### Core Activity 4: Provision of Linkages to Care

**Goal:** Establish referral relationships with sexual and reproductive health, primary care, adolescent health, and social service providers in the community, giving consideration to those that are sensitive to the needs of LGBTQ youth.

<table>
<thead>
<tr>
<th>Objective 4.1:</th>
<th>Activities</th>
<th>Timeline</th>
<th>Responsible Person(s)</th>
<th>Evaluation Measures</th>
<th>Data Source(s)</th>
<th>Anticipated Challenges</th>
<th>Proposed Solutions</th>
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**Progress to Date:**

### Core Activity 5: Ensuring a Teen-Friendly Approach to all Activities

**Goal:** Ensure a teen-friendly approach with all core program activities, consistent with the components of a teen-friendly health visit outlined by the Centers for Disease Control (CDC).

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<thead>
<tr>
<th>Objective 5.1:</th>
<th>Activities</th>
<th>Timeline</th>
<th>Responsible Person(s)</th>
<th>Evaluation Measures</th>
<th>Data Source(s)</th>
<th>Anticipated Challenges</th>
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**Progress to Date:**
Objective 5.2:

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Progress to Date:

Core Activity 6: Outreach and Marketing

Goals: Publicize the Health Resource site and program and conduct outreach within the school or organization and surrounding community. Facilitate health awareness campaigns and events throughout the year to raise awareness about sexual and reproductive health topics and increase visibility of the Health Resource Center site.

Objective 6.1:

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<th>Activities</th>
<th>Timeline</th>
<th>Responsible Person(s)</th>
<th>Evaluation Measures</th>
<th>Data Source(s)</th>
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Progress to Date:

Objective 6.2:

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<th>Evaluation Measures</th>
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Progress to Date:

Core Activity 7: Data Collection

Goals: Collect and submit data to AccessMatters, according to the schedule set by AccessMatters

Objective 7.1:

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<th>Activities</th>
<th>Timeline</th>
<th>Responsible Person(s)</th>
<th>Evaluation Measures</th>
<th>Data Source(s)</th>
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Progress to Date:

Objective 7.2:

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<th>Activities</th>
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<th>Evaluation Measures</th>
<th>Data Source(s)</th>
<th>Anticipated Challenges</th>
<th>Proposed Solutions</th>
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Progress to Date:
Appendix C

Health Resource Center Program
Quarterly Progress Report

I. Organizational Information

Site Name:  

Coordinator Name:  
Phone:  
Email: 

II. Start-Up and Implementation (for new sites only)

1. Has your agency started implementing all program activities?  [ ] Yes  [ ] No
   a. Provide the date (i.e., month/year) implementation for each program component started.
   b. If no, describe the barriers that delayed or impeded program implementation efforts, steps taken to address
      these barriers, and the anticipated timeframe in which program implementation is anticipated to begin for each
      program component.

III. Project Information

2. Complete and attach Appendix A. Provide progress on each of the objectives outlined in your approved work plan.

IV. Project Accomplishments

3. Describe project successes during the reporting period. In your response, address administrative, recruitment,
   service delivery, linkage to care and other successes.

4. Note changes in local conditions that may affect continued project success (i.e., changes in economic situations,
   funding for services, political changes, and emergence of new drug trends).

V. Project Challenges

5. Describe project challenges encountered during the reporting period. Use the table below to address
   administrative, recruitment, service delivery, linkage to care and other challenges. Explain the steps taken or
   planned to address or overcome each challenge.

<table>
<thead>
<tr>
<th>PROJECT CHALLENGES</th>
<th>Description of Challenges</th>
<th>Solution(s)</th>
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<tbody>
<tr>
<td>Administrative</td>
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VI. Staff Activities

6. List any training or professional development activities in which the staff has participated. (If none, please indicate "no training or professional development activity")

VII. Information Dissemination

7. Discuss information disseminated to others about the project (i.e., via newspaper article; TV or radio, coverage, public presentations, presentations at local, state, or national conferences, publications, social media).

VIII. Lessons Learned

8. Where there any lessons learned during the reporting period? If yes, please explain.

IX. Technical Assistance and Other Information

9. Note any technical assistance needs the project may have.

10. Note additional information that grantee would like AccessMatters to know about the project.
Appendix D

HEALTH RESOURCE CENTER DATA COLLECTION FORM

Please print, check only one answer, unless otherwise specified.

CLIENT INFORMATION

Client ID: 
Client Last Name: 
Client First Name: 
Birth Date: / 
Visit Date: / 

Gender Identity:
- Male
- Female
- Non-binary
- Other (specify):

Race (check all that apply):
- White
- Black and/or African-American
- American Indian or Alaska Native
- Asian and/or Pacific Islander
- Other (specify):

Trans Status:
- Identified as trans
- Identified as non-trans
- Prefer not to answer:

See Assigned at Birth:
- Male
- Female
- Prefer not to answer:

Race:
- Other

Ethnicity:
- Hispanic/Latino
- Other

How did you hear about the Health Resource Center?
- From a friend
- From Health Resource Center staff

CLIENT INFORMATION

For Office Use Only:

CONTRACEPTIVE INFORMATION

Part 1 - Primary Method of Contraception for client or partner before and after this visit

<table>
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<tr>
<th>Before</th>
<th>After</th>
<th>Method</th>
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Part 2 - Reason client has no method after this visit

- Preference
- No use
- Other (specify):

LAB SERVICES

<table>
<thead>
<tr>
<th>Code</th>
<th>Type</th>
<th>Date</th>
<th>Provider Seen</th>
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<tbody>
<tr>
<td>87493</td>
<td>Colposcopy</td>
<td></td>
<td>Counselor</td>
</tr>
<tr>
<td>87351</td>
<td>Hormone Test</td>
<td></td>
<td>MD/DO</td>
</tr>
<tr>
<td>81642</td>
<td>Pregnancy Test</td>
<td></td>
<td>NP/PA/CNM</td>
</tr>
<tr>
<td>86701</td>
<td>HIV 1 (Rapid)</td>
<td></td>
<td>RN</td>
</tr>
<tr>
<td>86702</td>
<td>HIV 2 (Rapid)</td>
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ENGLISH LANGUAGE PROFICIENCY

Were services provided in a language other than English?
- Yes
- No

COUNSELING SERVICES

- Adolescent Development
- Pregnancy Prevention
- HIV/AIDS Education
- Other (specify):

SUPPLIES

<table>
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<tr>
<th>Code</th>
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<tr>
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<td>A4367</td>
<td>Condoms</td>
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REFERRALS

- Primary Care Provider
- Mental/Behavioral Health Provider
- Social Services
- Other (specify):

COORDINATOR

<table>
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<tr>
<th>Site ID</th>
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NOTES

- Notes (complete part 2)
Health Resource Center Program
Laptop Agreement

AccessMatters is providing the Health Resource Center grantee organization with a secure encrypted laptop for use in the Health Resource Center.

1. This laptop is to be used only by grantee organization staff working in the Health Resource program. The laptop is not to be used by clients visiting the Health Resource Center.

2. The laptop is to be used only for completion of work related to the Health Resource Center Program. Use of the computer must comply with all program guidelines provided by AccessMatters. The computer is not for personal use.

3. The computer may not be used to engage in illegal activities, religious or political activities, or commercial ventures. It may not be used to download, view, transmit or promote pornographic content of any kind. It may not be used to retrieve or disseminate any images, language, or messages that AccessMatters and/or grantee organizations deem inappropriate. Messages sent via the computer must not contain offensive or inappropriate language about age, race, sexual orientation, physical attributes, religious or political beliefs, or national origin.

4. Only program-related documents and files can be saved on the hard drive. Examples include marketing materials, presentation, etc. Files stored on the hard drive cannot contain any protected health information (PHI) or client-level data. AccessMatters reserves the right to permanently delete files that are not HRC-related from the hard drive.

5. No software or any other files can be downloaded unless authorized by the AccessMatters.

6. The grantee organization must immediately report to AccessMatters any loss, theft, or damage to the laptop. All repairs or replacement will be arranged by AccessMatters; the grantee organization is not authorized to repair or replace the laptop. Repair/replacement costs will be deducted from the grantee organization’s award.

7. The computer must be returned immediately upon request from AccessMatters. AccessMatters will inform grantee organizations about when routine maintenance (software updating, virus scans, cleaning hard drive, etc.) is needed.

Representative of the Grantee Organization:

I acknowledge that I received the laptop loaned by AccessMatters for use in the Health Resource Center program and will adhere to the items listed above.

_________________________________________    Date
Signature

_________________________________________    _________________________
Print Name                          Title

______________________________
Laptop Serial Number
Appendix F

Health Resource Center Program
AccessMatters’ Contact List

Kathryn Turnowchyk
Senior Program Manager, Point Person for Health Resource Center Program Expansion
kathryn.turnowchyk@accessmatters.org
215-985-6876

Meghan Rich
Adolescent Services Manager, Point Person for Health Resource Center Program Southeastern, PA
meghan.rich@accessmatters.org
215-985-2650

Kaitlin Rattigan
Program Manager, Health Resource Center Program Expansion
kaitlin.rattigan@accessmatters.org
215-985-2659

Audrey Ross
Communications and Policy Manager
audrey.ross@accessmatters.org
215-985-2619
## Quarterly Expenditure Report

**Project Name:**

**Contractor Name:**

**Award Number:**

**Project Period:**

**Invoice Number:**

**Reporting Period:**

<table>
<thead>
<tr>
<th></th>
<th>Annual Budget</th>
<th>Expenditures for Current Reporting Period</th>
<th>Expenditures Year-to-date</th>
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<tr>
<td><strong>A. Total Salaries</strong></td>
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<tr>
<td><strong>B. Fringe Benefits</strong></td>
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<tr>
<td><strong>Subtotal Personnel</strong></td>
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<tr>
<td><strong>C. Travel</strong></td>
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<tr>
<td><strong>E. Supplies</strong></td>
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<tr>
<td>Office Supplies</td>
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<tr>
<td>Program Supplies</td>
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<tr>
<td><strong>Subtotal Supplies</strong></td>
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<tr>
<td><strong>F. Contractual</strong></td>
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<tr>
<td><strong>H. Other</strong></td>
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<tr>
<td>Occupancy (Rent)</td>
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<td>Photocopying</td>
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<tr>
<td>Training</td>
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<tr>
<td><strong>Subtotal Other</strong></td>
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<tr>
<td><strong>I. Total Direct</strong></td>
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<td><strong>J. Total Indirect</strong></td>
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<tr>
<td><strong>K. Grand Total</strong></td>
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</table>

**Official’s Signature:**

**Name of Certifying Official:**

**Title of Certifying Official:**

**Date:**
HEALTH RESOURCE CENTER
CLIENT BILL OF RIGHTS

All clients of the Health Resource Center are entitled to the rights listed below.

1. The right to be treated with courtesy and respect.
2. The right to privacy.
3. The right to ask questions and get answers.
4. The right to complain if there is a problem.
5. The right to be heard, without judgment.
6. The right to reproductive healthcare referrals of your choice.
7. The right to have information explained to you in a way you can easily understand.
8. The right to confidentiality.

If you are in danger of being harmed, or hurting yourself or others, the Health Resource Center Coordinator will do everything they can to ensure that you are protected, which may mean involving others. It is the legal duty of the Health Resource Center Coordinator to report abuse.