

AH 1 PERFORMANCE MEASURE	The percent of programs promoting and/ or facilitating adolescent well visits.
Goal: Adolescent Well Visit Level: Grantee Domain: Adolescent Health	
GOAL	To ensure supportive programming for adolescent well visits.
MEASURE	The percent of MCHB funded projects promoting and/ or facilitating adolescent well visits.
DEFINITION	<p>Tier 1: Are you promoting and/ or facilitating adolescent well visits in your program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Tier 2: Through what processes/ mechanisms are you promoting and/ or facilitating adolescent well visits?</p> <ul style="list-style-type: none"><input type="checkbox"/> Technical Assistance<input type="checkbox"/> Training<input type="checkbox"/> Product Development<input type="checkbox"/> Research/ Peer-reviewed publications<input type="checkbox"/> Outreach/ Information Dissemination/ Education<input type="checkbox"/> Tracking/ Surveillance<input type="checkbox"/> Screening/ Assessment<input type="checkbox"/> Referral/ care coordination<input type="checkbox"/> Direct Service<input type="checkbox"/> Quality improvement initiatives <p>Tier 3: How many are reached through those activities? <i>(Report in Table 1: Activity Data Collection Form)</i></p> <ul style="list-style-type: none"># receiving TA# receiving training# products developed# peer-reviewed publications published# receiving information and education through outreach# receiving screening/ assessment training# referred/care coordinated# received direct service# participating in quality improvement initiatives <p>Tier 4: What are the related outcomes in the reporting year?</p> <p>% of adolescents with an adolescent well visit in the past year</p> <p>Numerator: Adolescents reached by the program in reporting year who had an adolescent well visit during the reporting period.</p> <p>Denominator: Adolescents reached by the program in reporting year.</p> <p>% of adolescents enrolled in Medicaid/ CHIP with at least one adolescent well visit in the past year</p> <p>Numerator: Adolescents enrolled in Medicaid/ CHIP reached by the program in reporting year with at least one adolescent well visit in the reporting year.</p> <p>Denominator: Adolescents enrolled in Medicaid/ CHIP reached by the program in reporting year.</p> <p>Age range of adolescents served: _____</p>

AH 1 PERFORMANCE MEASURE

The percent of programs promoting and/ or facilitating adolescent well visits.

Goal: Adolescent Well Visit

Level: Grantee

Domain: Adolescent Health

BENCHMARK DATA SOURCES

HP2030 AH-01: Increase the proportion of adolescents who received a preventive health care visit in the past year. (Baseline: 78.7% in 2016-17, Target: 82%)

GRANTEE DATA SOURCES

Title V National Performance Measure #10, National Vital Statistics System (NVSS) Birth File.

SIGNIFICANCE

As adolescents move from childhood to adulthood, they assume individual responsibility for health habits, and those who have chronic health problems take on a greater role in managing those conditions. Initiation of risky behaviors, such as unsafe sexual activity, unsafe driving, and substance use, is a critical health issue during adolescence, as adolescents try on adult roles and behaviors. An annual preventive well visit may help adolescents adopt or maintain healthy habits and behaviors, avoid health-damaging behaviors, manage chronic conditions, and prevent disease.

AH 2 PERFORMANCE MEASURE	The percent of programs promoting and/ or facilitating adolescent injury prevention.
Goal: Injury Prevention	
Level: Grantee	
Domain: Adolescent Health	
GOAL	To ensure supportive programming for adolescent injury prevention.
MEASURE	The percent of MCHB funded projects promoting and/ or facilitating injury prevention and through what processes.
DEFINITION	<p>Tier 1: Are you promoting and/ or facilitating injury prevention in your program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Tier 2: Through what processes/ mechanisms are you promoting and/ or facilitating injury-prevention? <i>See data collection form.</i></p> <ul style="list-style-type: none"><input type="checkbox"/> Technical Assistance<input type="checkbox"/> Training<input type="checkbox"/> Research/ dissemination<input type="checkbox"/> Peer-reviewed publications<input type="checkbox"/> Outreach/ Information Dissemination/ Education<input type="checkbox"/> Referral/ care coordination<input type="checkbox"/> Quality improvement initiatives<input type="checkbox"/> Use of fatality review data <p>Please check which child safety domains which program activities were designed to impact:</p> <ul style="list-style-type: none"><input type="checkbox"/> Motor Vehicle Traffic<input type="checkbox"/> Suicide/ Self-Harm<input type="checkbox"/> Falls<input type="checkbox"/> Bullying<input type="checkbox"/> Youth Violence (other than bullying)<input type="checkbox"/> Child Maltreatment<input type="checkbox"/> Unintentional Poisoning<input type="checkbox"/> Prescription drug overdose<input type="checkbox"/> Traumatic Brain Injury<input type="checkbox"/> Drowning<input type="checkbox"/> Other <p>Tier 3: How many are reached through those activities?</p> <ul style="list-style-type: none"># receiving TA# receiving professional/organizational development training# of peer-reviewed publications published# receiving information and education through outreach# referred/ managed% using fatality review data <p><i>See data collection form.</i></p> <p>Tier 4: What are the related outcomes in the reporting year?</p> <p>Rate of injury-related hospitalization to children ages 10-19.</p> <p>Numerator: # of injury-related hospitalizations to children ages 10-19.</p> <p>Denominator: # of children ages 10-19 in the target population.</p>

AH 2 PERFORMANCE MEASURE	The percent of programs promoting and/ or facilitating adolescent injury prevention.
Goal: Injury Prevention	
Level: Grantee	
Domain: Adolescent Health	

Target Population: _____

Percent of children ages 12-17 missing 11 or more days of school because of illness or injury.

Numerator: # of children ages 12-17 missing 11 or more days of school.

Denominator: Total number of children ages 12-17 represented in National Survey of Children's Health result.

Dataset used: _____

BENCHMARK DATA SOURCES

Related to Healthy People 2030 Injury and Violence Prevention (IVP) objectives 1-7, 9-24 and Injury and Violence Developmental (IV-D) objectives 1-5.

GRANTEE DATA SOURCES

AHRQ Healthcare Cost and Utilization Project: National Inpatient Sample or State Inpatient Database.

National Survey of Children's Health, 6-11 year old and 12-17 year old survey, Question G1.

SIGNIFICANCE

Unintentional injury is the leading cause of child and adolescent mortality, from age 1 through 19. Homicide and suicide, violent or intentional injury are the second and third leading causes of death for adolescents ages 15 through 19.⁴ The total death rate for persons aged 10-19 years decreased 33% between 1999 and 2013, then increased 12% between 2013 and 2016 due to an increase in injury deaths. For those who suffer non-fatal severe injuries, many will become children with special health care needs. Effective interventions to reduce injury exist but are not fully implemented in systems of care that serve children and their families. Reducing the burden of nonfatal injury can greatly improve the life course trajectory of infants, children, and adolescents resulting in improved quality of life and cost savings.

Data Collection Form for Detail Sheet # AH 2

Please use the form below to report what services you provided in which safety domains, and how many recipients received those services. Please use the space provided for notes to specify the recipients of each type of service.

	Motor Vehicle Traffic	Suicide / Self-Harm	Falls	Bullying	Youth Violence (other than bullying)	Child Maltreatment	Unintentional Poisoning	Prescription drug overdose	Traumatic Brain Injury	Drowning	Other (Specify)
Technical Assistance											
Training											
Research/ dissemination											
Peer-reviewed publications											
Outreach/ Information Dissemination / Education											
Referral/ care coordination											
Quality improvement initiatives											
Use of fatality review data											
Notes:											

AH 3 PERFORMANCE MEASURE	The percent of programs promoting and/ or facilitating screening for major depressive disorder.
Goal: Screening for Major Depressive Disorder	
Level: Grantee	
Domain: Adolescent Health	
GOAL	To ensure supportive programming for screening for major depressive disorder.
MEASURE	The percent of MCHB funded projects promoting and/ or facilitating screening for major depressive disorder for adolescents and through what processes.
DEFINITION	<p>Tier 1: Are you promoting and/ or facilitating screening major depressive disorder for adolescents in your program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Tier 2: Through what processes/ mechanisms are you addressing screening for major depressive disorder for adolescents?</p> <ul style="list-style-type: none"><input type="checkbox"/> Technical Assistance<input type="checkbox"/> Training<input type="checkbox"/> Product Development<input type="checkbox"/> Research/ Peer-reviewed publications<input type="checkbox"/> Outreach/ Information Dissemination/ Education<input type="checkbox"/> Tracking/ Surveillance<input type="checkbox"/> Screening/ Assessment<input type="checkbox"/> Referral/ care coordination<input type="checkbox"/> Direct Service<input type="checkbox"/> Quality improvement initiatives <p>Tier 3: How many are reached through those activities? <i>(Report in Table 1: Activity Data Collection Form)</i></p> <ul style="list-style-type: none"># receiving TA# receiving training# products developed# peer-reviewed publications published# receiving information and education through outreach# receiving screening/ assessment training# referred/ care coordinated# received direct service# participating in quality improvement initiatives <p>Tier 4: What are the related outcomes in the reporting year?</p> <p>% of 12-17 year olds screened for major depressive disorder (MDD) in the past year in community level or school health settings</p> <p>Numerator: Adolescents involved with your program in the reporting year who were screened for MDD in a community-level or school health setting.</p> <p>Denominator: Adolescents involved with your program in the reporting year.</p> <p>% of adolescent well care visits that include screening for MDD</p> <p>Numerator: Adolescents involved with your program in the reporting year that had a well-child that included a screening for MDD, in the reporting year.</p> <p>Denominator: Adolescents involved with your program in the reporting year that had a well-child visit in the reporting year.</p>

AH 3 PERFORMANCE MEASURE

The percent of programs promoting and/ or facilitating screening for major depressive disorder.

Goal: Screening for Major Depressive Disorder

Level: Grantee

Domain: Adolescent Health

% of adolescents identified with a MDD that receive treatment

Numerator: Adolescents involved with your program identified as having an MDD that received treatment during the reporting year.

Denominator: Adolescents involved with your program during the reporting year identified as having an MDD.

% of adolescents with a MDD

Numerator: Adolescents involved with your program during the reporting year identified as having an MDD.

Denominator: Adolescents involved with your program in the reporting year.

Age range of adolescents served: _____

BENCHMARK DATA SOURCES

Healthy People 2030 MHMD-08: Increase the proportion of primary care office visits where adolescents and adults are screened for depression (Baseline 8.5% of primary care office visits included screening for depression in persons aged 12 years and over in 2016, Target: 13.5%). Healthy People 2030 MHMD-06: Increase the proportion of adolescents with major depressive episodes (MDEs) who receive treatment (Baseline: 41.4% of adolescents aged 12 to 17 years with MDEs received treatment in the past 12 months, in 2018; Target: 46.4%).

GRANTEE DATA SOURCES

Grantee Data Systems

SIGNIFICANCE

Depression is under recognized and undertreated in adolescents, with an estimated 75% of depressed adolescents not receiving treatment. Untreated depression in adolescence is associated with debilitating immediate and long-term psychological and physical outcomes, as well as increased risk of suicide. Validated screening instruments and effective treatment are available. Routine depression screening for all adolescents helps reduce the challenges of case-finding due to stigma, parental/patient denial and common assumptions about “typical teenage” behavior.¹

¹ Maslow GR, Dunlap K, Chung RJ. Depression and Suicide in Children and Adolescents. Pediatrics. 2015, 36(7): 299-310. <https://pubmed.ncbi.nlm.nih.gov/26133305/>