<table>
<thead>
<tr>
<th>AH 1 PERFORMANCE MEASURE</th>
<th>The percent of programs promoting and/ or facilitating adolescent well visits.</th>
</tr>
</thead>
</table>

**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**  
**Tier 1:** Are you promoting and/ or facilitating adolescent well visits in your program?  
☐ Yes  
☐ No

**Tier 2:** Through what processes/ mechanisms are you promoting and/ or facilitating adolescent well visits?  
☐ Technical Assistance  
☐ Training  
☐ Product Development  
☐ Research/ Peer-reviewed publications  
☐ Outreach/ Information Dissemination/ Education  
☐ Tracking/ Surveillance  
☐ Screening/ Assessment  
☐ Referral/ care coordination  
☐ Direct Service  
☐ Quality improvement initiatives

**Tier 3:** How many are reached through those activities?  
*Report in Table 1: Activity Data Collection Form*  
- # 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

**Tier 4:** What are the related outcomes in the reporting year?  
- % of adolescents with an adolescent well visit in the past year  
  **Numerator:** Adolescents reached by the program in reporting year who had an adolescent well visit during the reporting period.  
  **Denominator:** Adolescents reached by the program in reporting year.

- % of adolescents enrolled in Medicaid/ CHIP with at least one adolescent well visit in the past year  
  **Numerator:** Adolescents enrolled in Medicaid/ CHIP reached by the program in reporting year with at least one adolescent well visit in the reporting year.  
  **Denominator:** Adolescents enrolled in Medicaid/ CHIP reached by the program in reporting year.

Age range of adolescents served: _________________________
**AH 1 PERFORMANCE MEASURE**

<table>
<thead>
<tr>
<th>Goal: Adolescent Well Visit</th>
<th>The percent of programs promoting and/or facilitating adolescent well visits.</th>
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</thead>
<tbody>
<tr>
<td>Level: Grantee</td>
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<tr>
<td>Domain: Adolescent Health</td>
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</tbody>
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**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**


**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

Goal: Injury Prevention
Level: Grantee
Domain: Adolescent Health

The percent of programs promoting and/or facilitating adolescent injury prevention.

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
Tier 1: Are you promoting and/or facilitating injury prevention in your program?
- Yes
- No

Tier 2: Through what processes/mechanisms are you promoting and/or facilitating injury prevention? See data collection form.
- Technical Assistance
- Training
- Research/dissemination
- Peer-reviewed publications
- Outreach/Information Dissemination/Education
- Referral/care coordination
- Quality improvement initiatives
- Use of fatality review data

Please check which child safety domains which program activities were designed to impact:
- 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

Tier 3: How many are reached through those activities?
- # receiving TA
- # receiving professional/organizational development training
- # of peer-reviewed publications published
- # receiving information and education through outreach
- # referred/managed
- % using fatality review data
See data collection form.

Tier 4: What are the related outcomes in the reporting year?
Rate of injury-related hospitalization to children ages 10-19.

Numerator: # of injury-related hospitalizations to children ages 10-19.
Denominator: # of children ages 10-19 in the target population.
**AH 2 PERFORMANCE MEASURE**

**Goal:** Injury Prevention  
**Level:** Grantee  
**Domain:** Adolescent Health  

The percent of programs promoting and/or facilitating adolescent injury prevention.

**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.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Motor Vehicle Traffic</th>
<th>Suicide / Self-Harm</th>
<th>Falls</th>
<th>Bullying</th>
<th>Youth Violence (other than bullying)</th>
<th>Child Maltreatment</th>
<th>Unintentional Poisoning</th>
<th>Prescription drug overdose</th>
<th>Traumatic Brain Injury</th>
<th>Drowning</th>
<th>Other (Specify)</th>
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<td>Technical Assistance</td>
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<td>Outreach/ Information Dissemination / Education</td>
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<td>Referral/ care coordination</td>
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<td>Use of fatality review data</td>
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Notes:
### AH 3 PERFORMANCE MEASURE

**Goal:** Screening for Major Depressive Disorder  
**Level:** Grantee  
**Domain:** Adolescent Health

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

<table>
<thead>
<tr>
<th>GOAL</th>
<th>To ensure supportive programming for screening for major depressive disorder.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEASURE</td>
<td>The percent of MCHB funded projects promoting and/or facilitating screening for major depressive disorder for adolescents and through what processes.</td>
</tr>
</tbody>
</table>
| DEFINITION | Tier 1: Are you promoting and/or facilitating screening major depressive disorder for adolescents in your program?  
- Yes  
- No  

Tier 2: Through what processes/mechanisms are you addressing screening for major depressive disorder for adolescents?  
- Technical Assistance  
- Training  
- Product Development  
- Research/Peer-reviewed publications  
- Outreach/Information Dissemination/Education  
- Tracking/Surveillance  
- Screening/Assessment  
- Referral/care coordination  
- Direct Service  
- Quality improvement initiatives  

Tier 3: How many are reached through those activities?  
*(Report in Table 1: Activity Data Collection Form)*  
- # 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  

Tier 4: What are the related outcomes in the reporting year?  
% of 12-17 year olds screened for major depressive disorder (MDD) in the past year in community level or school health settings  

**Numerator:** Adolescents involved with your program in the reporting year who were screened for MDD in a community-level or school health setting.  
**Denominator:** Adolescents involved with your program in the reporting year.

% of adolescent well care visits that include screening for MDD  

**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.  
**Denominator:** Adolescents involved with your program in the reporting year that had a well-child visit in the reporting year.
AH 3 PERFORMANCE MEASURE
Goal: Screening for Major Depressive Disorder
Level: Grantee
Domain: Adolescent Health
The percent of programs promoting and/or facilitating screening for major depressive disorder.

% 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