### 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>
</tr>
</thead>
<tbody>
<tr>
<td>Level: Grantee</td>
<td>To ensure supportive programming for adolescent well visits.</td>
</tr>
<tr>
<td>Domain: Adolescent Health</td>
<td></td>
</tr>
</tbody>
</table>

**GOAL**

The percent of MCHB funded projects promoting and/or facilitating adolescent well visits.

**MEASURE**

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

**DEFINITION**

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

Goal: Adolescent Well Visit  
Level: Grantee  
Domain: Adolescent Health  

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

BENCHMARK DATA SOURCES

Related to Adolescent Health Objective 1: Increase the proportion of adolescent who have had a wellness checkup in the past 12 months Baseline: 68.7%, Target: 75.6%.

GRANTEE DATA SOURCES

Title V National Performance Measure 10, Adolescent Health (AH), National Vital Statistics System (NVSS) Birth File, Home Visiting

SIGNIFICANCE

Adolescence is an important period of development physically, psychologically, and socially. As adolescents move from childhood to adulthood, they are responsible for their health including annual preventive well visits which help to maintain a healthy lifestyle, avoid damaging behaviors, manage chronic conditions, and prevent disease.
**AH 2 PERFORMANCE MEASURE**

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

<table>
<thead>
<tr>
<th>GOAL</th>
<th>The percent of programs promoting and/ or facilitating adolescent injury prevention.</th>
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</table>

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>The percent of MCHB funded projects promoting and/ or facilitating injury prevention and through what processes.</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>DEFINITION</th>
<th>Tier 1: Are you promoting and/ or facilitating injury prevention in your program?</th>
</tr>
</thead>
</table>
|            | ☐ 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
<table>
<thead>
<tr>
<th>AH 2 PERFORMANCE MEASURE</th>
<th>The percent of programs promoting and/or facilitating adolescent injury prevention.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal: Injury Prevention</td>
<td>Denominator: # of children ages 10-19 in the target population</td>
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<tr>
<td>Level: Grantee</td>
<td>Target Population: Percent of children ages 12-17 missing 11 or more days of school because of illness or injury.</td>
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<tr>
<td>Domain: Adolescent Health</td>
<td>Numerator: # of children ages 12-17 missing 11 or more days of school</td>
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<tr>
<td></td>
<td>Denominator: Total number of children ages 12-17 represented in National Survey of Children’s Health result</td>
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<td></td>
<td>Dataset used:</td>
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**BENCHMARK DATA SOURCES**
Related to Healthy People Injury and Violence Prevention objectives 1 through 39.

**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 survey, Question G1

**SIGNIFICANCE**
Two dozen children die every day in the United States from an unintentional or intentional injury. In addition, millions of children survive their injury and have to live the rest of their lives with negative health effects. Although there has been much progress in the United States in reducing child injuries, more is needed.
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 received those services. Please use the space provided for notes to specify the recipients of each type of service.

<table>
<thead>
<tr>
<th></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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<tbody>
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<td>Technical Assistance</td>
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<td>Research/ dissemination</td>
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<td>Peer-reviewed publications</td>
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<td>Outreach/ Information Dissemination / Education</td>
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<tr>
<td>Referral/ care coordination</td>
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<td>Quality improvement initiatives</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.

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
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 injury prevention?
- 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 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.
<table>
<thead>
<tr>
<th>AH 3 PERFORMANCE MEASURE</th>
<th>The percent of programs promoting and/or facilitating screening for major depressive disorder.</th>
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<tr>
<td><strong>Goal:</strong> Screening for Major Depressive Disorder</td>
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</tr>
<tr>
<td><strong>Level:</strong> Grantee</td>
<td></td>
</tr>
<tr>
<td><strong>Domain:</strong> Adolescent Health</td>
<td></td>
</tr>
</tbody>
</table>

% 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:

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**BENCHMARK DATA SOURCES**

Healthy People 2020, MHMD 11.2 – Increase the proportion of primary care physician office visits where youth aged 12 to 18 years are screened for depression (Baseline 2.1 in 2007, Target: 2.3%); Healthy People 2020 Objective MHMD-4.1. Percent of adolescents aged 12 to 17 years experienced a major depressive episode (Baseline: 8.3% in 2008, Target: 7.5%)

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**GRANTEE DATA SOURCES**

Grantee Data Systems

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**SIGNIFICANCE**

Major depression is becoming more and more common in the United States. Major depression entails interference with the ability to work, sleep, study, eat, and enjoy life. Screening for this disorder can identify individuals and effectively treat them.