

Form Approved  
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## **State and Community Awardee Performance Measure Reporting Tool**

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-xxxx).

**Grantee:** \_\_\_\_\_

Please complete these performance measures to CDC once per year as part of your Annual Progress Report due December 31 of each year (reporting period October 1-September 30). Under the evidence based program performance measures, please report letters d through h separately for each implementation partner and program (you may combine information for different facilitators). Under the clinical performance measures, please report letters a through f separately for each clinical partner.

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I. **Evidence-Based Program Performance Measures**

a. **Implementation Partners**

# of implementation partners to date		# of new implementation partners obtained during this reporting period	
# of implementation partners retained during this reporting period			

b. **Facilitators**

# of facilitators/teachers newly trained on any program during this reporting period		# of facilitators/teachers with follow up training on any program during this reporting period	
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c. **Program youth served<sup>1</sup> and retained<sup>2</sup> in all evidence-based interventions during this reporting period**

Characteristics of Program Youth <sup>3</sup>	Males		Females	
	# served	# retained	# served	# retained
<b>Age (one response per participant)</b>				
10 years or younger				
11-12 years				
13-14 years				
15-16 years				
17-18 years				
19 years or older				
<b>Grade (one response per participant)</b>				
6 <sup>th</sup> grade or lower				
7-8 <sup>th</sup> grade				
9-10 <sup>th</sup> grade				
11-12 <sup>th</sup> grade				
GED program				
Technical/vocational training				
College (any year)				
Not currently in school				
<b>Ethnicity (one response per participant)</b>				
Hispanic or Latino				

<sup>1</sup> Number of youth who attended at least one session

<sup>2</sup> Number of youth who attended at least 75% of sessions

<sup>3</sup> Characteristics may be obtained from attendance records or pre-/post-tests

Characteristics of Program Youth	Males		Females	
	# served	# retained	# served	# retained
Not Hispanic or Latino				
Unknown/unreported				
<b>Race (one response per participant)</b>				
American Indian or Alaska Native				
Asian				
Black or African American				
Native Hawaiian or Other Pacific Islander				
White				
Other				
More than one race				
Unknown/unreported				
<b>Primary language spoken at home (one response per participant)</b>				
English				
Spanish				
Chinese				
Other				
<b>Special populations (one response per participant)</b>				
None				
Pregnant or parenting teens				
Youth in foster care				
Homeless youth				
Youth in the juvenile justice system				
Other (describe_____)				
<b>Total</b>				

**\*Please report sections d through h separately for each implementation partner and program (you may combine information for different facilitators)\***

**Implementation Partner 1:** \_\_\_\_\_

**Program 1:** \_\_\_\_\_

**d. Evidence-based intervention sessions<sup>4</sup>**

Setting(s) <sup>5</sup>		# of cycles <sup>6</sup> implemented this reporting period	
Fidelity: mean % of activities implemented as planned		Mean % of activities implemented as planned for sessions observed	
Mean overall quality rating of observed sessions			

**e. Evidence based intervention adaptations**

Adaptations this reporting period <sup>7</sup>	Planned <sup>8</sup>	Unplanned <sup>9</sup>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**f. Program youth targeted**

Total number of targeted youth in this setting<sup>10</sup>, during this reporting period: \_\_\_\_\_

Total number of targeted males in this setting, during this reporting period: \_\_\_\_\_

Total number of targeted females in this setting, during this reporting period: \_\_\_\_\_

**g. Youth served and retained**

Total number of youth served during this reporting period: \_\_\_\_\_

Total number of youth retained during this reporting period: \_\_\_\_\_

Percent of youth retained during this reporting period: \_\_\_\_\_

<sup>4</sup> Session refers to one meeting for an evidence based intervention. We are interested in the number of sessions as opposed to modules or lessons because many partners have made adaptations so that one lesson may be split across two different sessions/meetings.

<sup>5</sup> Settings could include a school, church, youth development program, recreation center, clinic, etc. If a partner is implementing the same program in different settings, consider reporting information for sections c through h separately for each setting.

<sup>6</sup> Cycle refers to a complete offering of an evidence based intervention

<sup>7</sup> Adaptations could include add-on lessons/modules, etc.

<sup>8</sup> Planned adaptations received prior CDC approval before the start of implementation.

<sup>9</sup> Unplanned adaptations did not receive CDC approval before the start of implementation.

<sup>10</sup> For example, if implementing a program among 9<sup>th</sup> graders in a particular school, the targeted number of youth in the setting would be all 9<sup>th</sup> graders in the school.

### h. Youth Outcomes for Evidence-Based Interventions

# of pre-tests completed		# post-tests completed	
# of youth who completed both a pre- and post-test		% of youth who completed both a pre- and post-test	
Youth satisfaction post- test score (mean %)		% of participants with 75% or better attendance	
Mean attendance rate (%) among youth who completed both pre- and post-tests <sup>11</sup>		Median attendance rate (%) among youth who completed both pre- and post-tests	

**\*Reminder: Include only pre-test information on youth behaviors\***

Youth Behaviors <sup>12</sup> among all youth who completed a pre-test	Males		Females	
	Pre-Test Response		Pre-Test Response	
	N	%	N	%
Youth who have ever had sex				
Youth who had sex in the past 3 months (sexually active)				
Sexually active youth who used hormonal contraception, an IUD, or a condom at last sex				

Knowledge, attitudes, and intentions of targeted outcomes for youth with matched pre- and post-tests <sup>13</sup>	Participant			Comparison or control group <sup>14</sup>			T-test <sup>15</sup> score comparing participants and control groups
	Mean pre-test response score	Mean post-test response score	Mean difference between pre- and post-test scores	Mean pre-test response score	Mean post-test response score	Mean difference between pre- and post-test scores	

<sup>11</sup> If it is not possible to match attendance rates to pre-/post-test data, a question on attendance may be added to the post test

<sup>12</sup> Include behavioral data for as many youth served as possible; time periods (e.g., past 3 months) may not be exact

<sup>13</sup> May be reported as individual items or as a composite score. If composite scores are reported, please provide the individual survey questions and the scale.

<sup>14</sup> Include scores for comparison group(s) when available. Comparisons could be made with separate youth or youth could serve as their own comparison.

<sup>15</sup> Matched pairs t-test

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**i. Other Clients Served by Evidence-Based Programs**

Program Name		
Mean # of Program Services Received by Parents/Guardians		
Median # of Program Services Received by Parents/Guardians		
Mean # of Program Services Received by Other Clients Served (Siblings, other Family Members, Etc.)		
Median # of Program Services Received by Other Clients Served (Siblings, other Family Members, Etc.)		
<b>Client Type</b>	<b># served</b>	<b># retained<sup>16</sup></b>
Parents/Guardians		
Other Clients Served (Siblings, other Family Members, Etc.)		
<b>Total</b>		

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<sup>16</sup> If there are multiple sessions

## II. Clinical Component Performance Measures

Total Number of clinical partners: \_\_\_\_\_

Clinical Partner 1: \_\_\_\_\_

### a. **Linkages and Referrals**

Please indicate the total number of formal and informal linkages<sup>17, 18</sup> to date that your health center has developed with organizations, providers, programs, and/or institutions *for the purposes of increasing access to and utilization of contraceptive or reproductive health services among adolescents*, the number of new formal and informal linkages obtained during this reporting period, and the percent of formal and informal linkages that were obtained during this reporting period (Denominator = total number of formal or informal linkages to date). By “formal linkages” we mean *written agreements* to work with these providers or organizations to enhance access to contraceptive or reproductive health services that your health center provides; by “informal linkages” we *mean no written agreement exists*.

# of Formal Linkages to date	# of New Formal Linkages obtained this reporting period

# of Informal Linkages to date	# of New Informal Linkages obtained this reporting period

Please indicate the total number of youth referred by organizations/providers with whom you have formal or informal linkages and the total number of youth referrals that resulted in the receipt of care.

Total number of youth referred (optional, depending on data availability): \_\_\_\_\_

Total number of youth referrals that resulted in the receipt of care: \_\_\_\_\_

<sup>17</sup> **Linkage:** A formal partnership between community organizations, agencies, or other institutions (which may include but are not limited to health centers, schools, and churches). The partnership is formalized through a written agreement (e.g., a MOU) that clearly defines how partners will share resources and services related to teen pregnancy prevention.

**Referral:** An informal mechanism or medium that directs clients to care. Referral sources can include friends, family members, Internet sources, schools, as well as linkage partner organizations/agencies/institutions.

<sup>18</sup> Please include linkages created during this project as well as linkages created before the start of this project.

**b. Billable Source by Revenue for adolescent patients between the ages of 12-19 years**

Please indicate both the percentage of revenue by source that the health center receives for adolescent visits at which contraceptive or reproductive health services<sup>19</sup> are provided (Denominator = total number of unduplicated adolescent visits), and the number of visits at which contraceptive or reproductive health services are provided, per revenue source.

%	# of Visits	Source of Revenue
		Medicaid Fee for Service
		Medicaid Family Planning Waiver
		Medicaid Managed Care
		Commercial Insurance
		Sliding Fee Scale (Patient pays for a portion of the charges out-of-pocket)
		Full Pay (Patient pays for the full cost of service out-of-pocket)
		No pay (services are covered by grants, e.g., Title X, Title V, 330, Private Foundation, etc)
		Uninsured (health center absorbs costs of services)
		Other (Please describe):

**c. Training on Adolescent Development**

Please indicate the number and percentage of ALL health center staff (e.g., all clinical and non-clinical staff who have direct contact with adolescent clients) who have received training in Stages of Adolescent Development during the past two years: \_\_\_\_\_

**d. Continuous Quality Improvement (CQI) efforts and processes**

Does the health center	Yes	No
Have a set of performance measures that are collected on a regular basis (e.g., quarterly, monthly) for monitoring the use of health care services for adolescents?		
Have a set of performance measures that are collected on a regular basis (e.g., quarterly, monthly) for monitoring the delivery of contraceptive, reproductive, or sexual health care services for adolescents?		

<sup>19</sup> Includes adolescent visits at which contraceptive or reproductive health services are provided, regardless of the primary reason for the visit.

e. Clinical Best Practices<sup>20</sup>

Promoting “Teen Friendly” Services: Health Care Delivery System, Contraceptive and Reproductive Health Best Practices	Total number of best practices implemented to date	Number of <u>new</u> best practices implemented during the <u>past reporting cycle</u>
Subset 1: Contraceptive Access (7)		
Subset 2: Quick Start Method for Initiation of Hormonal Contraception and IUD (4)		
Subset 3: Emergency Contraception (3)		
Subset 4: Cervical Cancer Screening (1)		
Subset 5: STD and HIV Testing (6)		
Subset 6: Cost, Confidentiality and Consent (2)		
Subset 7: Infrastructure (3)		
Subset 8: Environment (5)		
<b>Total (31)</b>		

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<sup>20</sup> Best practice refers to strategies and activities that have been evaluated and demonstrate effectiveness at promoting sexual health for adolescents. The clinical best practices focus on systems related to access, processes for the delivery of care, utilization of evidence-based clinical recommendations, cost, confidentiality, supportive infrastructure, and the health care delivery environment. Where gaps exist, as identified through assessment activities, improvement efforts should focus on strategies to ensure that the set of “best practices” are adopted and implemented over the course of the project.

f. Use of health care services by adolescents

The following data may be collected via billing records, EMRs, and other methods. It is recommended that you collect these data for each month.

**FEMALE Adolescent Clients (Unduplicated) and Visits by Race/Ethnicity, Age Group, and Reporting Period**

FEMALES	# Adolescent Clients (Unduplicated)	# Adolescent Visits <sup>21</sup>	# Adolescent Visits in which Contraceptive, Reproductive, or Sexual Health Services are Provided <sup>22</sup>
<b>Hispanic/Latino(a) - All Races<sup>23</sup></b>			
12-14 years			
15-17 years			
18-19 years			
<b>Total</b>			
<b>Black or African American (Non-Hispanic)</b>			
12-14 years			
15-17 years			
18-19 years			
<b>Total</b>			
<b>White (Non-Hispanic)</b>			
12-14 years			
15-17 years			
18-19 years			
<b>Total</b>			
<b>Other (Non-Hispanic)</b>			
12-14 years			
15-17 years			
18-19 years			
<b>Total</b>			
<b>Unknown Race and Ethnicity</b>			
12-14 years			
15-17 years			
18-19 years			
<b>Total</b>			
<b>All Races and Ethnicities</b>			
12-14 years			
15-17 years			
18-19 years			
<b>Total</b>			

<sup>21</sup> Any visit where an adolescent is seen by a healthcare team member – not only visits designated as reproductive/sexual health visits.

<sup>22</sup> Includes any health center visit where contraceptive, reproductive, or sexual health services are provided to the adolescent patient, regardless of the primary reason for the visit.

<sup>23</sup> Count data for all clients that indicated Hispanic/Latino(a) ethnicity, regardless of race

**Table 2. MALE Adolescent Clients (Unduplicated) and Visits by Race/Ethnicity, Age Group, for each Reporting Period<sup>24</sup>**

<b>MALES</b>	<b># Adolescent Clients (Unduplicated)</b>	<b># Adolescent Visits<sup>25</sup></b>	<b># Adolescent Visits in which Contraceptive, Reproductive or Sexual Health Services are Provided<sup>26</sup></b>
<b>Hispanic/Latino(a) - All Races<sup>27</sup></b>			
12-14 years			
15-17 years			
18-19 years			
<b>Total</b>			
<b>Black or African American (Non-Hispanic)</b>			
12-14 years			
15-17 years			
18-19 years			
<b>Total</b>			
<b>White (Non-Hispanic)</b>			
12-14 years			
15-17 years			
18-19 years			
<b>Total</b>			
<b>Other (Non-Hispanic)</b>			
12-14 years			
15-17 years			
18-19 years			
<b>Total</b>			
<b>Unknown Race and Ethnicity</b>			
12-14 years			
15-17 years			
18-19 years			
<b>Total</b>			
<b>All Races and Ethnicities</b>			
12-14 years			
15-17 years			
18-19 years			
<b>Total</b>			

<sup>24</sup> Data should be pulled for unduplicated adolescents by hormonal contraception or IUD adopted or continued, at the time of exit from their last encounter (visit) to the health center in the given reporting period. If the client reports using more than one method of birth control, report the most effective one as the primary method (e.g., if a client is given the patch and emergency contraception as a backup method, only include information on the patch).

<sup>25</sup> Any visit during which an adolescent is seen by a healthcare team member – not only visits designated as reproductive/sexual health visits.

<sup>26</sup> Includes any health center visit at which contraceptive, reproductive, or sexual health services are provided to the adolescent patient, regardless of the primary reason for the visit.

<sup>27</sup> Count data for all clients that indicated Hispanic/Latino(a) ethnicity, regardless of race

**Table 3. FEMALE Adolescent Clients (Unduplicated) and Number Provided (i.e., dispensed on-site or by prescription) Contraception by Age Group, for each Reporting Period<sup>28</sup>**

<b>FEMALES</b>	<b># Adolescent Clients (Unduplicated)</b>
<b>All Unduplicated Clients (Total)</b>	
12-14 years	
15-17 years	
18-19 years	
<b>Total</b>	
<b>Provided Hormonal Contraception<sup>29</sup> (not including IUDs or Implants)</b>	
12-14 years	
15-17 years	
18-19 years	
<b>Total</b>	
<b>Provided the Pill</b>	
12-14 years	
15-17 years	
18-19 years	
<b>Total</b>	
<b>Provided Injectable Contraception (e.g., Depo Provera)</b>	
12-14 years	
15-17 years	
18-19 years	
<b>Total</b>	
<b>Provided IUD</b>	
12-14 years	
15-17 years	
18-19 years	
<b>Total</b>	
<b>Provided Contraceptive Implants (e.g., Implanon)</b>	
12-14 years	
15-17 years	
18-19 years	
<b>Total</b>	
<b>Provided Emergency Contraception (EC)<sup>30</sup></b>	
12-14 years	
15-17 years	

<sup>28</sup> Data should be pulled for unduplicated adolescents by hormonal contraception or IUD adopted or continued, at the time of exit from their last encounter (visit) to the health center in the given reporting period. If the client reports using more than one method of birth control, report the most effective one as the primary method (e.g., if a client is given the patch and emergency contraception as a backup method, only include information on the patch).

<sup>29</sup> Hormonal contraception here includes the pill, patch, ring, and injectable contraception

<sup>30</sup> Including the provision of EC as a backup method along with another contraceptive method

18-19 years	
<b>Total</b>	
<b>% Contraceptive Coverage<sup>31</sup></b>	
12-14 years	
15-17 years	
18-19 years	
<b>Total</b>	
<b>% LARC Coverage<sup>32</sup></b>	
12-14 years	
15-17 years	
18-19 years	
<b>Total</b>	

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<sup>31</sup> Calculated as the proportion of all unduplicated adolescent female clients provided hormonal contraception, contraceptive implants, or IUD.

<sup>32</sup> Calculated as the proportion of all unduplicated adolescent female clients provided contraceptive implants, or IUD.

**Table 4. FEMALE Adolescent Clients (Unduplicated) and Number Provided (i.e., dispensed on-site or by prescription) Contraception by Race/Ethnicity Group, for each Reporting Period<sup>33</sup>**

<b>FEMALES</b>	<b># Adolescent Clients (Unduplicated)</b>
<b>All Unduplicated Clients (Total)</b>	
Hispanic/Latina (all races)	
Black or African American (non-Hispanic)	
White (non-Hispanic)	
Other (non-Hispanic)	
Unknown/unreported	
<b>Total</b>	
<b>Provided Hormonal Contraception<sup>34</sup> (not including IUDs or Implants)</b>	
Hispanic/Latina (all races)	
Black or African American (non-Hispanic)	
White (non-Hispanic)	
Other (non-Hispanic)	
Unknown/unreported	
<b>Total</b>	
<b>Provided the Pill</b>	
Hispanic/Latina (all races)	
Black or African American (non-Hispanic)	
White (non-Hispanic)	
Other (non-Hispanic)	
Unknown/unreported	
<b>Total</b>	
<b>Provided Injectable Contraception (e.g., Depo Provera)</b>	
Hispanic/Latina (all races)	
Black or African American (non-Hispanic)	
White (non-Hispanic)	
Other (non-Hispanic)	
Unknown/unreported	
<b>Total</b>	
<b>Provided IUD</b>	
Hispanic/Latina (all races)	
Black or African American (non-Hispanic)	
White (non-Hispanic)	
Other (non-Hispanic)	
Unknown/unreported	
<b>Total</b>	

<sup>33</sup> Data should be pulled for unduplicated adolescents by hormonal contraception or IUD adopted or continued, at the time of exit from their last encounter (visit) to the health center in the given reporting period. If the client reports using more than one method of birth control, report the most effective one as the primary method (e.g., if a client is given the patch and emergency contraception as a backup method, only include information on the patch).

<sup>34</sup> Hormonal contraception here includes the pill, patch, ring, and injectable contraception

<b>Provided Contraceptive Implants (e.g., Implanon)</b>	
Hispanic/Latina (all races)	
Black or African American (non-Hispanic)	
White (non-Hispanic)	
Other (non-Hispanic)	
Unknown/unreported	
<b>Total</b>	
<b>Provided Emergency Contraception (EC)<sup>35</sup></b>	
Hispanic/Latina (all races)	
Black or African American (non-Hispanic)	
White (non-Hispanic)	
Other (non-Hispanic)	
Unknown/unreported	
<b>Total</b>	
<b>% Contraceptive Coverage<sup>36</sup></b>	
Hispanic/Latina (all races)	
Black or African American (non-Hispanic)	
White (non-Hispanic)	
Other (non-Hispanic)	
Unknown/unreported	
<b>Total</b>	
<b>% LARC Coverage<sup>37</sup></b>	
Hispanic/Latina (all races)	
Black or African American (non-Hispanic)	
White (non-Hispanic)	
Other (non-Hispanic)	
Unknown/unreported	
<b>Total</b>	

<sup>35</sup> Including the provision of EC as a backup method along with another contraceptive method

<sup>36</sup> Calculated as the proportion of all unduplicated adolescent female clients provided hormonal contraception, contraceptive implants, or IUD.

<sup>37</sup> Calculated as the proportion of all unduplicated adolescent female clients provided contraceptive implants, or IUD.

### III. Community Mobilization and Sustainability Performance Measures

#### a. Core Partner Leadership Team

<b>Total # of Core Leadership Team Meetings Convened</b>	
<b># of Core Leadership Team Members who Attend at least 75% of Team Meetings</b>	
<b>Significant Action Items<sup>38</sup></b>	<b>Completed</b>
1	
2	
3	
4	
5	

#### b. Community Action Team Participation

<b>Total # of Community Action Team Meetings Convened</b>	
<b># of Community Action Team Members who Attend at least 75% of Team Meetings</b>	
<b>Significant Action Items<sup>39</sup></b>	<b>Completed</b>
1	
2	
3	
4	
5	

#### c. Youth Leadership Team

<b>Total # of Youth Leadership Team Meetings Convened</b>	
<b># of Youth Leadership Team Members who Attend at least 75% of Team Meetings</b>	
<b>Significant Action Items<sup>40</sup></b>	<b>Completed</b>
1	
2	
3	
4	
5	

<sup>38</sup> Significant items include the large or key action items that the group would like to accomplish each year. We anticipate that each group would have no more than 5 significant action items per year.

<sup>39</sup> Significant items include the large or key action items that the group would like to accomplish each year. We anticipate that each group would have no more than 5 significant action items per year.

<sup>40</sup> Significant items include the large or key action items that the group would like to accomplish each year. We anticipate that each group would have no more than 5 significant action items per year.

#### **IV. Stakeholder Education Performance Measures**

Total number of stakeholder education strategies guided by best practices implemented to date: \_\_\_\_\_

Number of new stakeholder education strategies guided by best practices implemented during the past reporting cycle: \_\_\_\_\_

## V. Working with Diverse Communities Performance Measures

Working with Diverse Communities strategies guided by best practice <sup>41</sup>	Total number of strategies guided by best practices implemented to date	Number of <u>new</u> strategies guided by best practices implemented during the <u>past reporting cycle</u>
Subset 1: Engage diverse youth (7)		
Subset 2: Utilize participatory approaches for community mobilization to include diverse youth (8)		
Subset 3: Engage a diverse group of community partners to participate in teen pregnancy prevention efforts (3)		
Subset 4: Support implementation partners' programmatic practices (8)		
Subset 5: Support clinical partners to develop culturally competent clinical services (7)		
Subset 6: Support community outreach practices (4)		
<b>Total (37)</b>		

<sup>41</sup> Best practice refers to strategies and activities that have been evaluated and demonstrate effectiveness at promoting sexual health for adolescents. Strategies that do not have strong evidence of effectiveness (e.g., less rigorous evaluation) are considered strategies guided by best practices (e.g., lessons learned). The WDC strategies guided by best practice focus on identifying and developing a plan for serving diverse, hard-to-reach, marginalized, or vulnerable youth with teen pregnancy prevention programs and services (e.g., African American and Latino youth, youth in foster care, youth in the juvenile justice system, GLTBQ youth, and pregnant and parenting teens); conducting activities to educate community partners on the link between social determinants and teen pregnancy (e.g., workshops, webinars); and training clinical and program partners to provide teen-friendly, culturally competent services and programs.

**VI. Dissemination**

**a. Manuscripts**

How many manuscripts related to this project have been accepted for publication or published during the past reporting cycle? \_\_\_\_\_

How many manuscripts related to this project have been published to date? \_\_\_\_\_

Please list the references for any published manuscripts.

**b. Presentations**

How many presentations have you made at each of the following levels during the past reporting cycle:

National or regional? \_\_\_\_

Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made).

State? \_\_\_\_

Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made).