

State and Community Awardee Performance Measure Reporting Tool

Public reporting burden of this collection of information is estimated to average 3 hours and 15 minutes 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 (0920-0952).

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.

Table of Contents

I.	Evidence-Based Program Performance Measures.....	2
a.	Implementation Partners.....	2
b.	Facilitators.....	3
c.	Program youth served and retained in all evidence-based interventions during this reporting period.....	3
d.	Evidence-based intervention sessions.....	5
e.	Evidence based intervention adaptations.....	5
f.	Program youth targeted.....	5
g.	Youth served and retained.....	5
h.	Youth Outcomes for Evidence-Based Interventions.....	6
i.	Other Clients Served by Evidence-Based Programs.....	7
II.	Clinical Component Performance Measures.....	8
a.	Linkages and Referrals.....	8
III.	Community Mobilization and Sustainability Performance Measures.....	10
a.	Core Partner Leadership Team.....	10
b.	Community Action Team Participation.....	10
c.	Youth Leadership Team.....	10
IV.	Stakeholder Education Performance Measures.....	12
V.	Working with Diverse Communities Performance Measures.....	13
VI.	Dissemination.....	14
a.	Manuscripts.....	14
b.	Presentations.....	14

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	
--	--	--	--

c. **Program youth served¹ and retained² in all evidence-based interventions during this reporting period**

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

¹ Number of youth who attended at least one session

² Number of youth who attended at least 75% of sessions

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

TOTAL NUMBER OF YOUTH SERVED⁴ _____

TOTAL NUMBER OF YOUTH RETAINED⁵ _____

Method of collection and reporting for youth served: _____

Method of collection and reporting for youth retained: _____

⁴ The total number of youth served including those who did not report gender or other demographic information should equal the total number of youth served by all programs as reported in section 1.g.

⁵ The total number of youth retained including those who did not report gender or other demographic information should equal the total number of youth retained by all programs as reported in section 1.g.

***Please report sections d through h separately for each implementation partner and program (you may combine information for different facilitators)* Indicate whether this partner is a formal TA partner or informal TA partner**

Implementation Partner 1: _____

ID: _____

Program 1: _____

Please indicate the nature of the partnership: (Check all that apply)

- Signed MOU/MOA
- We provide funding to this partner
- We provide ongoing Technical Assistance and Training to this partner
- We have provided only Training to this partner
- This partner participates fully in the collection of Performance Measures

d. Evidence-based intervention sessions⁶

Setting(s) ⁷		# of cycles ⁸ 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 ⁹	Planned ¹⁰	Unplanned ¹¹
	<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 setting¹², 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: _____

⁶ 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.

⁷ 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.

⁸ Cycle refers to a complete offering of an evidence based intervention

⁹ Adaptations could include add-on lessons/modules, etc.

¹⁰ Planned adaptations received prior CDC approval before the start of implementation.

¹¹ Unplanned adaptations did not receive CDC approval before the start of implementation.

¹² For example, if implementing a program among 9th graders in a particular school, the targeted number of youth in the setting would be all 9th graders in the school.

Percent of youth retained during this reporting period: _____

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 ¹³		Median attendance rate (%) among youth who completed both pre- and post-tests	

Reminder: Include only pre-test information on youth behaviors

Youth Behaviors ¹⁴ 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 ¹⁵	Participant			Comparison or control group ¹⁶			T-test ¹⁷ 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	

¹³ 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

¹⁴ Include behavioral data for as many youth served as possible; time periods (e.g., past 3 months) may not be exact

¹⁵ 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.

¹⁶ Include scores for comparison group(s) when available. Comparisons could be made with separate youth or youth could serve as their own comparison.

¹⁷ Matched pairs t-test

i. Other Clients Served by Evidence-Based Programs

Program Name		
Mean # of Program Services Received by <i>Parents/Guardians</i>		
Median # of Program Services Received by <i>Parents/Guardians</i>		
Mean # of Program Services Received by <i>Other Clients Served (Siblings, other Family Members, Etc.)</i>		
Median # of Program Services Received by <i>Other Clients Served (Siblings, other Family Members, Etc.)</i>		
Client Type	# served	# retained ¹⁸
Parents/Guardians		
Other Clients Served (Siblings, other Family Members, Etc.)		
Total		

¹⁸ If there are multiple sessions

II. Clinical Component Performance Measures

Total Number of clinical partners: _____

Please confirm that the information submitted in the most recently reported Clinical Partner Needs Assessment is complete with prior CDC approval for any incomplete or missing information.

Measure	YES, Complete and current	NO, Will submit a revised CPNA
Health Insurance Billing Practices and Revenue		
Number of staff trained on adolescent development		
Clinic use of performance measures		
Use of Health Care Services by Adolescents		

Clinical Partner 1: _____

a. **Linkages and Referrals**

Please indicate the total number of formal and informal linkages^{19, 20} 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

¹⁹ **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.

²⁰ Please include linkages created during this project as well as linkages created before the start of this project.

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: _____

III. Community Mobilization and Sustainability Performance Measures

a. Core Partner Leadership Team

Total # of Core Partner Leadership Team Meetings Convened	
# of Core Partner Leadership Team Members	
# of Core Partner Leadership Team Members who Attend at least 75% of Team Meetings	
Significant Action Items²¹	Completed
1	
2	
3	
4	
5	

b. Community Action Team Participation

Total # of Community Action Team Meetings Convened	
# of Community Action Team members	
# of Community Action Team Members who Attend at least 75% of Team Meetings	
Significant Action Items²²	Completed
1	
2	
3	
4	
5	

c. Youth Leadership Team

Total # of Youth Leadership Team Meetings Convened	
# of Youth Leadership Team Members	
# of Youth Leadership Team Members who Attend at least 75% of Team Meetings	
Significant Action Items²³	Completed
1	
2	
3	
4	
5	

²¹ 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.

²² 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.

²³ 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 ²⁴	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)		
Total (37)		

²⁴ 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).