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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).

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. <u>Evidence-Based Program Performance Measures</u>

a. Implementation Partners

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

b. Facilitators

# of facilitators/teachers	# of facilitators/teachers	
newly trained on any	with follow up training on	
program during this	any program during this	
reporting period	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						

 $^{^{\}rm 1}$ Number of youth who attended at least one session

 $^{^{\}rm 2}$ Number of youth who attended at least 75% of sessions

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

Characteristics of Program Youth	Males		Females		Youth who did not report Gender	
	# served	# retained	# served	# retained	# served	# retained
Unknown/unreported						
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						

Method of collection and reporting for youth retained:	
Method of collection and reporting for youth served:	
TOTAL NUMBER OF YOUTH RETAINED ⁵	
TOTAL NUMBER OF YOUTH SERVED"	

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.

information for different facilitato partner	s)* Indicate whether this partner is a formal	TA partner or i	nformal TA
Implementation Partner 1:		ID:	
Program 1:			
Please indicate the nature of the p	artnership: (Check all that apply)		
☐ Signed MOU/MOA			
We provide funding to this	partner		
We provide ongoing Techr	ical Assistance and Training to this partner		
☐ We have provided only Tra			
This partner participates for	ılly in the collection of Performance Measure	S	
d. Evidence-based i	ntervention sessions ⁶		
Setting(s) ⁷	# of cycles ⁸ implemente	d	
	this reporting period		
Fidelity: mean % of activities	Mean % of activities		
implemented as planned	implemented as planned	d	
NA	for sessions observed		
Mean overall quality rating of observed sessions			
Observed sessions			
e. Evidence based i	ntervention adaptations		
Adaptations	this reporting period°	Planned ¹⁰	Unplanned ¹¹
		Ш	
f. Program youth to	rgeted		
Total number of targeted youth in t	his setting ¹² , during this reporting period:		
	his setting, during this reporting period:		
	this setting, during this reporting period:		
-			
g. Youth served and	retained		
Total number of youth served during	g this reporting period:		
Total number of youth retained du	ing this reporting period:	=	
° Session refers to one meeting for an evide	nce based intervention. We are interested in the number daptations so that one lesson may be split across two dif	of sessions as oppo	osed to modules or

*Please report sections d through h separately for each implementation partner and program (you may combine

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.

 $^{^{\}rm 10}$ Planned adaptations received prior CDC approval before the start of implementation.

 $^{^{\}rm 11}$ Unplanned adaptations did not receive CDC approval before the start of implementation.

 $^{^{12}}$ For example, if implementing a program among 9^{th} graders in a particular school, the targeted number of youth in the setting would be all 9^{th} 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	Males		Females Pre-Test Response		
youth who completed a pretest	Pre-Test Respon	nse			
	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, <i>or</i> a condom at last sex					

Knowledge,	Participant			Compariso	T-test ¹⁷		
attitudes, and intentions of targeted outcomes for youth with matched pre- and post-tests ¹⁵	Mean pre-test response score	Mean post- test respons e score	Mean differenc e between pre- and post-test scores	Mean pre-test response score	Mean post- test respons e score	Mean differenc e between pre- and post-test scores	score comparing participant s and control groups

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 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.)		
Client Type	# served	# retained18
Parents/Guardians		
Other Clients Served (Siblings, other Family Members, Etc.)		
Total		

 $^{^{\}rm 18}$ If there are multiple sessions

II. <u>Clinical Component Performance Measures</u>

Total Number of clinical partners:

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:		
Police and Police and		

a. Linkages and Referrals

Please indicate the <u>total number of formal and informal linkages</u> 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	# of New Formal Linkages
to date	obtained this reporting period

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

¹⁹ **Linkage:** A <u>formal</u> 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 <u>informal</u> 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 Items ²¹	Completed
1	
2	
3	
4	

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 Items ²²	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 Items ²³	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. <u>Stakeholder Education Performance Measures</u>

otal number of stakeholder education strategies guided by best practices implemented to date:	
lumber of new stakeholder education strategies guided by best practices implemented during the past reporting	
ycle:	

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 new strategies guided by best practices implemented during the past reporting cycle
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 teenfriendly, culturally competent services and programs.

VI. <u>Dissemination</u>

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).