DGIS USER GUIDE ADOLESCENT HEALTH FORMS

Version 2.0 – Updated 04/28/2023

HRSA

CONTENTS

ADOLESCENT HEALTH FORMS

On **Adolescent Health** forms, the grantee provides details on any projects promoting and/or facilitating adolescent well visits, injury prevention, and screening for major depressive disorder.

APPLICABLE REPORT TYPES

The report types are as follows:

- New Competing Performance Reports (NCPR)
- Non-Competing Continuation Performance Reports (NCCPR)
- Project Period End Reports (PPER)

Figure 1: Adolescent Health Forms

Adolescent Health Forms			
Applicable Forms	**Report Types**		
	NCPR	**NCCPR**	**PPER**
Adolescent Health – Form 1	✔	✔	✔
Adolescent Health – Form 2	✔	✔	✔
Adolescent Health – Form 3	✔	✔	✔

ADOLESCENT HEALTH FORM 1

FORM INSTRUCTIONS

ADOLESCENT HEALTH FORM 1 DETAIL SHEET

The following information is under the **Adolescent Health Form 1 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Adolescent Health (AH 1) – Adolescent Well Visit
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 2: Adolescent Health 1: Detail Sheet

Adolescent Health (AH 1)	
▸ DG0000	Due In: 49 Days | Status: Not Started
▸ Resources 🗗	

Fields with ★ are required.

AH 1 Detail Sheet

Adolescent Health (AH 1) - Adolescent Well Visit	The percent of programs promoting and/ or facilitating adolescent well visits.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating adolescent well visits.
Goal	To ensure supportive programming for adolescent well visits.
Level	Grantee
Domain	Adolescent Health
Definition	No further definitions.
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%). Show less
Grantee Data Sources	Title V National Performance Measure #10, National Vital Statistics System (NVSS) Birth File.
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. Show less

TIER 1(REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating adolescent well visits in your program*? The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

   Note the following requirements and additional information before completing this section:

   - For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.
   - The grantee may proceed to the next tier only after providing a response to this question.

Figure 3: Adolescent Health 1: Tier 1

TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what processes/mechanisms are you promoting and/or facilitating adolescent well visits?* Select all that apply.

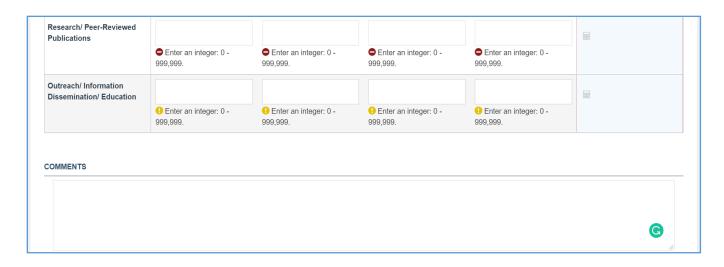   Note the following requirements before completing this section:

   - Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
   - For **New Competing Performance Reports (NCPRs)**, users are only required to fill out Tier 1.
   - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
   - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.

2. *Activity Data Collection Form*: How many are reached through those activities?
   a. *Participants/Public*: Enter an integer from 0–999,999.
   b. *Providers/Health Care Professionals*: Enter an integer from 0–999,999.
   c. *Community/Local Partners*: Enter an integer from 0–999,999.
   d. *State or National Partners*: Enter an integer from 0–999,999.
   e. *Total*: This column will show the total for all processes/mechanisms.

3. *Comments*: The grantee may add comments here. This field is not required.

Note the following requirements before completing this section:

- All the above fields (except *Comments*) are required.
- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.
- The grantee may proceed to the next tier only after providing a response to the required questions.

Figure 4: Adolescent Health 1: Tier 2 and 3

Tier 2 & 3

★ 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

Activity Data Collection Form

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	
Product Development	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	
Training	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	

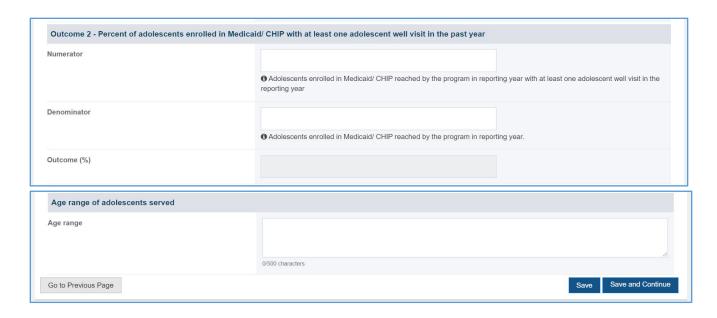| Research/ Peer-Reviewed Publications					🖩
	🚫 Enter an integer: 0 - 999,999.	🚫 Enter an integer: 0 - 999,999.	🚫 Enter an integer: 0 - 999,999.	🚫 Enter an integer: 0 - 999,999.	
Outreach/ Information Dissemination/ Education					🖩
	⚠️ Enter an integer: 0 - 999,999.	⚠️ Enter an integer: 0 - 999,999.	⚠️ Enter an integer: 0 - 999,999.	⚠️ Enter an integer: 0 - 999,999.	

COMMENTS

TIER 4 (OPTIONAL)

In this section, the grantee may respond to the questions listed below.

1. *Outcome 1*: Percent of adolescents with an adolescent well visit in the past year:
    a. *Numerator*: Enter an integer from 0–999,999.
    b. *Denominator*: Enter an integer from 0–999,999. Denominator must be greater than or equal to Numerator.
    c. *Outcome* (%): The text box will be automatically populated using the values provided above.
2. *Outcome 2*: Percent of adolescents enrolled in Medicaid/CHIP with at least one adolescent well visit in the past year:
    a. *Numerator*: Enter an integer from 0–999,999.
    b. *Denominator*: Enter an integer from 0–999,999. Denominator must be greater than or equal to Numerator.
    c. *Outcome* (%): The text box will be automatically populated using the values provided above.
    d. *Age of Adolescents Served*: Enter feedback in the *Comments* section. This is optional.

Figure 5: Adolescent Health 1: Tier 4 (Optional)

▾ Tier 4 (Optional)

📑 Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

Outcome 1 - Percent 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

Outcome (%)

Outcome 2 - Percent 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.
Outcome (%)	

Age range of adolescents served

Age range	
	0/500 characters

Go to Previous Page   Save   Save and Continue

FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **NCPRs**.
2. For **NCCPRs** and **PPERs**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

ADOLESCENT HEALTH FORM 2

FORM INSTRUCTIONS

ADOLESCENT HEALTH FORM 2 DETAIL SHEET

The following information is under the **Adolescent Health Form 2 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Adolescent Health (AH 2) – Injury Prevention
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 6: Adolescent Health Form 2: Detail Sheet

Adolescent Health (AH 2)	
▸ DG0000	Due In: 49 Days | Status: Not Started
▸ Resources ⧉	

Fields with ★ are required.

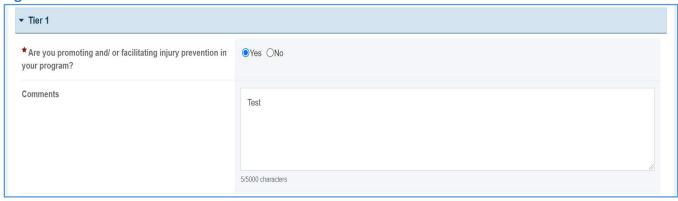| ▾ AH 2 Detail Sheet	
Adolescent Health (AH 2) - Adolescent Well Visit	The percent of programs promoting and/ or facilitating adolescent injury prevention.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating injury prevention and through what processes.
Goal	To ensure supportive programming for adolescent injury prevention.
Level	Grantee
Domain	Adolescent Health
Definition	No further definitions.
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. Show less
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. 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. Show less

TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating injury prevention in your program?* The grantee must select either Yes or No. If the grantee selects No, then they must explain their selection in the *Comments* section.

   Note the following requirements and additional information before completing this section:

   - For **NCPRs**, only Tier 1 is applicable.
   - The grantee may proceed to the next tier only after responding to the required questions.

Figure 7: Adolescent Health Form 2: Tier 1

TIER 2 AND 3 (REQUIRED):

In this section, the grantee must respond to the following question(s):

1. *Activity Data Collection Form*: How many recipients are reached through those activities?
   a. *Motor Vehicle Traffic*: Enter an integer from 0–999,999.
   b. *Suicide/ Self-Harm*: Enter an integer from 0–999,999.
   c. *Falls*: Enter an integer from 0–999,999.
   d. *Comments*: The grantee may add comments. This is not a required field.

   Note the following requirements before completing this section:

   - All the above fields (except *Comments*) are required.
   - Please select at least one process/mechanism. This is a required field.
   - Please select at least one child safe domain activity. This is a required field.
   - Tier 2 is required for **NCCPRs** and **PPERs**.
   - For **NCPRs**, the grantee is only required to complete Tier 1.
   - The grantee may proceed to the next tier only after responding to this question.
   - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
   - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
   - The grantee may proceed to the next tier only after responding to the required questions.

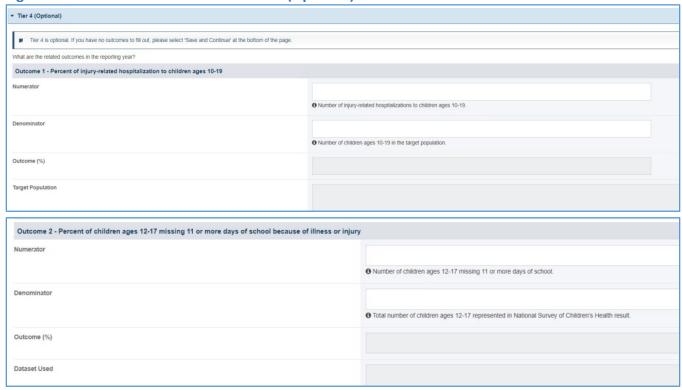## Figure 8: Adolescent Health Form 2: Tier 2 and 3

TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. *Outcome 1*: Percentage of injury-related hospitalization to children ages 10 -19.
   a. *Numerator:* Enter an integer from 0 – 999,999.
   b. *Denominator:* Enter an integer from 0 – 999,999. Denominator must be greater than or equal to Numerator.
   c. *Outcome (%):* Text box will be auto populated using the values provided above.
   d. *Target Population*: Enter text up to 500 characters.
2. *Outcome 2*: Percentage of children ages 12 – 17 missing 11 or more days of school because of illness or injury.
   a. *Numerator:* Enter an integer from 0 – 999,999.
   b. *Denominator:* Enter an integer from 0 – 999,999. Denominator must be greater than or equal to Numerator.
   c. *Outcome (%):* Text box will be auto populated using the values provided above.
   d. *Dataset Used:* Enter text up to 500 characters.

Figure 9: Adolescent Health Form 2: Tier 4 (Optional)

FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **NCPRs**.
2. For **NCCPRs** and **PPERs**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).
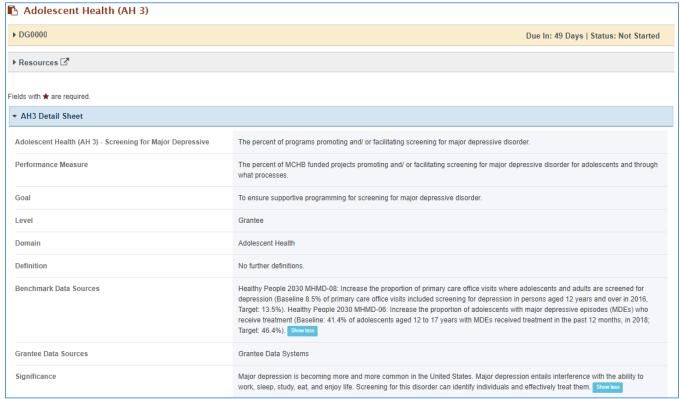
ADOLESCENT HEALTH FORM 3

FORM INSTRUCTIONS

ADOLESCENT HEALTH FORM 3 DETAIL SHEET

The following information is under the **Adolescent Health Form 3 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Adolescent Health (AH 3) – Screen for Major Depressive Disorder
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 10: Adolescent Health Form 3: Detail Sheet

Adolescent Health (AH 3) - Screening for Major Depressive	The percent of programs promoting and/ or facilitating screening for major depressive disorder.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating screening for major depressive disorder for adolescents and through what processes.
Goal	To ensure supportive programming for screening for major depressive disorder.
Level	Grantee
Domain	Adolescent Health
Definition	No further definitions.
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%). Show less
Grantee Data Sources	Grantee Data Systems
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. Show less

TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating screening for major depressing disorder for adolescents in your program?* The grantee must select either Yes or No. If the grantee selects No, they must provide justification in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.
- The grantee may proceed to the next tier only after providing a response to the required questions.

Figure 11: Adolescent Health Form 3: Tier 1

TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what processes/ mechanisms are you addressing screening for major depressive disorder for adolescents?* Select all that apply.

Note the following requirements and additional information before completing this section:

- Tier 2 is required for **NCCPRs** and **PPERs**.
- For **NCPRs**, the grantee is only required to fill out Tier 1.
- The grantee may proceed to the next tier only after responding to this question.
- For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3. The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
2. *Activity Data Collection Form* – How many are reached through those activities?
   a. *Participants/Public*: Enter an integer from 0–999,999.
   b. *Providers/Health Care Professionals*: Enter an integer from 0–999,999.
   c. *Community/Local Partners*: Enter an integer from 0–999,999.
   d. *State or National Partners*: Enter an integer from 0–999,999.
   e. *Total*: This column will show the total for all processes/mechanisms.
   f. *Comments*: The grantee may add comments here. This is not a required field.

Note the following requirements and additional information before completing this section:

- All the above fields (except *Comments* field) are required.
- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.

Figure 12: Adolescent Health Form 3: Tier 2 and 3

TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. *Outcome 1*: Percent of 12-17 year olds screened for major depressive disorder (MDD) in the past year in community level or school health settings.
    a. *Numerator*: Enter an integer from 0–999,999.
    b. *Denominator*: Enter an integer from 0–999,999. Denominator must be greater than or equal to Numerator.
    c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
2. *Outcome 2:* Percent of adolescent well-care visits that include screening for MDD.
    a. *Numerator*: Enter an integer from 0–999,999.
    b. *Denominator*: Enter an integer from 0–999,999. Denominator must be greater than or equal to Numerator.
    c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
3. *Outcome 3*: Percent of adolescents identified with a MDD that receive treatment.
    a. *Numerator*: Enter an integer from 0–999,999.
    b. *Denominator*: Enter an integer from 0–999,999. Denominator must be greater than or equal to Numerator.
    c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
4. *Outcome 4:* Percent of adolescents with an MDD.
    a. *Numerator*: Enter an integer from 0–999,999.
    b. *Denominator*: Enter an integer from 0–999,999. Denominator must be greater than or equal to Numerator.
    c. *Outcome (%)*: Text box will be automatically populated using the values provided above.
5. Age Range of Adolescents Served:
    a. *Age Range*: Enter *Comments* in the text box.

Figure 13: Adolescent Health Form 3: Tier 4 (Optional)

Outcome 2 - Percent 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.

Outcome (%)

Outcome 3 - Percent 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.

Outcome (%)

Outcome 4 - Percent 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.

Outcome (%)

Age range of adolescents served

Age range

0/500 characters

FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For Non-Competing Continuation Performance Reports **(NCCPRs)** and Project Period End Reports **(PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).