

Data Collection Form for EMS 10.1 – Adolescent Wellness Visit

Element	0 Not Met	1 Partially met	2 Mostly met	3 Completely met
Adolescent Resource Toolkit (ART)				
1. Compile and document state laws and policies related to adolescent health care including confidentiality, medical record documentation, consent/assent information				
2. Document Hawaii based case narratives of Bright Futures AWC visits				
3. Develop Hawaii based referral algorithms for behavioral health, substance use, sexual activity, and transition to adulthood				
4. Acquire resource materials (e.g., posters, brochures, video clips, etc.)				
Continuing Education Curriculum Series (Science)				
5. Develop behavioral health training module				
6. Develop substance use training module				
7. Develop sexual activity training module				
8. Develop transition to adulthood training module				
9. Develop homelife module				
10. Develop healthy eating module				
11. Develop transition across settings module				
Outreach and Training				
12. Convene regularly ART & Science Workgroup to conceptualize and refine materials and processes				
13. Establish baseline knowledge and comfort level for addressing adolescent issues with providers				
14. Disseminate ART to 100 primary care providers serving adolescents				
15. Post ART information online				
16. Deploy “Science” series to primary care providers and their staff using a variety of learning methods				
17. Assess for increase in knowledge and comfort level post training				

Data Collection Form for ESM #12 – Transition to Adult Health Care

Element	0 Not Met	1 Partially met	2 Mostly met	3 Completely met
Transition policy				
1. Develop a CYSHNS transition policy/statement, with input from youth, families, and providers, that describes the approach to transition, including consent/assent information.				
2. Educate all staff about the approach to transition, the policy/statement, Six Core Elements, and roles of CYSHNS, youth/family, and pediatric/adult health care team in the transition process, taking into account cultural preferences.				
Transition tracking and monitoring				
3. Establish criteria and process for identifying and tracking transitioning youth in the CSHNP database.				
4. Utilize individual flow sheet or database to track youth's transition progress.				
Transition readiness				
5. At least annually assess transition readiness with youth and parent/caregiver, beginning at age 14, to identify needs related to the youth managing his/her health care (self-care).				
6. Jointly develop goals and prioritized actions with youth and parent/caregiver, and document in a plan of care.				
Transition planning				
7. At least annually update the plan of care, in partnership with youth and families, including readiness assessment findings, goals, and prioritized actions.				
8. Prepare youth and parent/caregiver for adult approach to care before age 18, including legal changes in decision-making, privacy, and consent; self-advocacy; access to information; and insurance continuity.				
9. Develop and implement referral procedures to adult service agencies.				
Transition transfer of care				
10. Prepare youth and parent/caregiver for transferring to an adult health care provider and planning for health insurance coverage as an adult.				
Transition completion				
11. Contact youth and parent/caregiver, when CSHNP services end, to confirm having an adult health care provider and health insurance coverage, or provide further transition guidance.				

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Infrastructure Performance Measures (Sustainability)

Use the scale below to rate the degree to which the following actions are used to promote the sustainability of the telehealth initiatives.

0	1	2	3	Element
		X		1. There is support for the MCHB-funded program or initiative within the parent agency or organization, including from individuals with planning and decision making authority.
	X			2. The program's successes and identification of needs are communicated within and outside the organization among partners and the public, using various internal communication, outreach and marketing strategies.
	X			3. The organization identified, actively sought, and obtained other funding sources and in-kind resources to sustain the entire MCHB-funded program or initiative.
X				4. Policies and procedures developed for the successful aspects of the program or initiative are incorporated into the parent or another organization's system of programs and services.
X				5. The responsibilities for carrying out key successful aspects of the program or initiative have begun to be transferred to permanent staff positions in other ongoing programs or organizations.
X				6. The grantee has secured financial or in-kind support from within the parent organization or external organizations to sustain the <u>successful aspects</u> of the initiative.

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

Total the numbers in the boxes(max = 18): 4

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Training Performance Measures

Numbers of individual recipients of telehealth training and technical assistance, by categories of target audiences:

(For each individual training or technical assistance activity, individual recipients or attendees should be, counted only once, in one audience category. Trainees who attended more than one training or received more than one type of TA activity should be counted once for each activity they received).

Families trained/provided TA	<input type="checkbox"/> Yes	___# of individuals trained/provided TA
Other Consumers trained/provided TA	<input type="checkbox"/> Yes	___# of individuals trained/provided TA
Health Providers/Professionals trained/provided TA	<input type="checkbox"/> Yes	___# of individuals trained/provided TA
State MCH Agency Staff	<input type="checkbox"/> Yes	___# of individuals trained/provided TA
Community based/Local organization staff trained/TA provided	<input type="checkbox"/> Yes	___# of individuals trained/provided TA
Other (specify _____) trained/provided TA	<input type="checkbox"/> Yes	___# of individuals trained/provided TA

Total number of individuals trained/provided TA from all audience types 0

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Quality Improvement Measures

Use the scale described below to indicate the degree to which telehealth training has incorporated each of the design, evaluation, and continuous quality improvement activities into your training and TA work.

0	1	2	3	Element
Mechanisms in Place to Ensure Quality in Design of Training and TA Activities				
	X			1. Build on Existing Information Resources and Expertise, and Ensure Up-to-Date Content. As part of the development of telehealth training and technical assistance services, activities (such as reviewing existing bibliographies, information resources, or other materials) to ensure that the information provided in newly developed training curricula and technical assistance materials and services is up to date with standard practice; based on research, evidence, and best practice-based literature; and is aligned with local, State, and/or Federal initiatives.
	X			2. Link to Other MCH Training and TA Activities. The training and TA provided is linked to the content and timing of training offered by other MCH grantees (e.g., Family-to-Family Health Information Centers, other national resource and training centers, State and local CSHCN/MCH programs).
	X			3. Obtain Input from the Target Audience to Ensure Relevancy to their Needs. Obtain input from the audience targeted for each training or TA activity before finalizing the curriculum or materials. This could include a determination of whether the content and language of the materials are relevant to the audience's current needs and are understandable.
	X			4. Ensure Cultural and Linguistic Appropriateness. Employ mechanisms to ensure that training and TA materials, methods, and content are culturally and linguistically appropriate.
Mechanisms in Place to Promote Grantee's Training and Technical Assistance Services				
X				5. Conduct Outreach and Promotion to Ensure Target Audience is Aware of TA and Training Services. Use mechanisms to reach out to MCHB grantees and other target audiences such as provider or family organizations, consumers of MCH services, and the public, to make sure that target audiences know the services are available.
Mechanisms in Place to Evaluate Training and TA Activities and Use the Data for Quality Improvement				
X				6. Collect Satisfaction Data. Use mechanisms, such as evaluation forms, to collect satisfaction data from recipients of training or TA.
X				7. Collect Outcome Data. Collect data to assess whether recipients have increased their knowledge, leadership skills, and ability to apply new knowledge and skills to their family, health care practice, or other MCH program situation.
X				8. Use Feedback for Quality Improvement. The degree to which the results of assessments or other feedback mechanisms are used to improve the content, reach and effectiveness of the training or TA activities.

0=Not Met

1=Partially Met

2=Mostly Met

3=Completely Met

Total the numbers in the boxes (max= 24): 4

Service Performance Measures

	2017	2018	2019	2020	2021
Annual Objective	0	10	15	20	25

0	1	2	3	Element
Family/Client Measures				
X				1. Family/Client Satisfaction. Collect information from families/clients that receive services via telehealth to determine satisfaction with service provision.
X				2. Family/Client Outcomes. Collect data to assess whether families/clients have increased their knowledge, ability to apply new knowledge and skills to use in their family.
X				3. Cost and Time. Collect information about costs and time saved by families by using telehealth to receive services.
X				4. Technology. Collect information about the quality of the connection and ease of use of the technology.
Provider Perception				
X				1. Provider Satisfaction. Collect information from providers that provide services via telehealth to determine satisfaction with service provision.
X				2. Cost and Time. Collect information about costs and time saved by providers by using telehealth to provide services.
X				3. Technology. Collect information about the quality of the connection and ease of use of the technology.
Program Perception				
X				1. Program Satisfaction. Collect information from programs to determine satisfaction with telehealth activities.
X				2. Cost and Time. Collect information about costs saved by programs by using telehealth.
X				3. Quality Improvement. Use of the data collected to develop and implement continuous quality improvement for the telehealth activities.

0=Not Met

1=Partially Met

2=Mostly Met

3=Completely Met

Total the numbers in the boxes (max=30): 0