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National Center for
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FROM THE AMERICAN ACADEMY OF PEDIATRICS

Adolescent Health Performance Measure Strategies that Involve Cross-Sector Partners

Prepared by

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for the

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Introduction

This review of the FY 2024 Title V Block Grant application narratives is part of an environmental scan to inform the overall approach for the Health Resources and Services Administration (HRSA) funded project called [Comprehensive Systems Integration-Adolescent and Young Adult Health](#). The project's overarching aim is to improve adolescent and young adult (AYA) health and well-being at national and state levels through systems integration of the school, health, and community sectors. This report presents the selection of adolescent-related national performance measures (NPMs) and state performance measures (SPMs) across states, summarizes distinctive NPM and SPM cross-sector partnership strategies, and provides state examples of standout strategies involving cross-sector partnerships.

These findings reveal important ideas for cross-sector partnerships with sister state agencies, schools, community organizations, and more. This report is intended for use by state Maternal and Child Health (MCH) and Children and Youth with Special Health Care Needs (CYSHCN) programs as they conduct their Title V MCH Block Grant needs assessments and work with key stakeholders to implement cross-sector strategies to support improvements in AYA health and well-being.

To align with the scope of the [National Center](#) for Adolescent and Young Adult Health and Well-Being, this review focused on the 2024 Adolescent Health section of state Block Grant application year narratives. Therefore, it is important to note that the NPMs and SPMs outside of the Adolescent Health section were not captured in this report. This review also focused on the 2024 application year narrative, instead of the 2022 annual report narrative, in order to best capture the most up to date planned activities in each state, at the time of this review. States varied in the amount of detail they provided in their application year narratives, and thus this review may not have included certain states' relevant planned activities.

Methods

To understand cross-sector partnerships involved in state Title V performance measure strategies related to AYA health and well-being, we reviewed the FY 2024 Title V Block Grant application year narrative on Adolescent Health from all 50 states and the District of Columbia. We created an abstraction form to collect a consistent set of data from each state. This form was used to abstract strategies that involve cross-sector partnerships to address adolescent-related NPMs and SPMs as well as to capture states that have written about a statewide adolescent health strategic plan.

The NPMs that could be written about in the Adolescent Health narratives were injury hospitalization (NPM 7.2), physical activity every day (NPM 8.2), bullying (NPM 9), preventive medical visit (NPM 10), medical home (NPM 11), transition to adult care (NPM 12), preventive dental visit (NPM 13.2), someone in household smokes (NPM 14.2), and adequate and continuous health insurance (NPM 15). The strategies that involve cross-sector partnerships related to these NPMs were organized in a spreadsheet. In some cases, states may have selected one of these NPMs as a priority but did not write about any related strategies that involve cross-sector partnerships, and therefore nothing was abstracted. While states may have prioritized these NPMs in other sections of their Block Grant application, they were only included in this report if they were described in the Adolescent Health section.

We also abstracted all SPMs in the Adolescent Health section, assessed them for common topic areas, and then categorized them by these topic areas. Topic areas included mental/behavioral health, sexual and reproductive health, relationship with trusted adult, substance use, asthma emergency room use, positive youth development curriculum, and nutrition and physical activity.

We abstracted NPM and SPM strategies we deemed distinctive, featured cross-sector partnerships, and provided sufficient detail for readers to understand the strategy better. They were then sorted by partnership type, which included education (e.g., school health, department of education); pediatric, primary or behavioral health care; pediatric health care organization (e.g., American Academy of Pediatrics); community organization; interagency; and other types of partners.

Results

4 states (ID, MN, OH, and RI) described a statewide adolescent health strategic plan in their Adolescent Health section of the Block Grant application. These plans are broadly focused on adolescent health, while other states have strategic plans targeting a specific group of adolescents (e.g., LGBTQ+ students) or focus area (e.g., suicide prevention). Click [here](#) for a supplemental spreadsheet that lists the strategic plans.

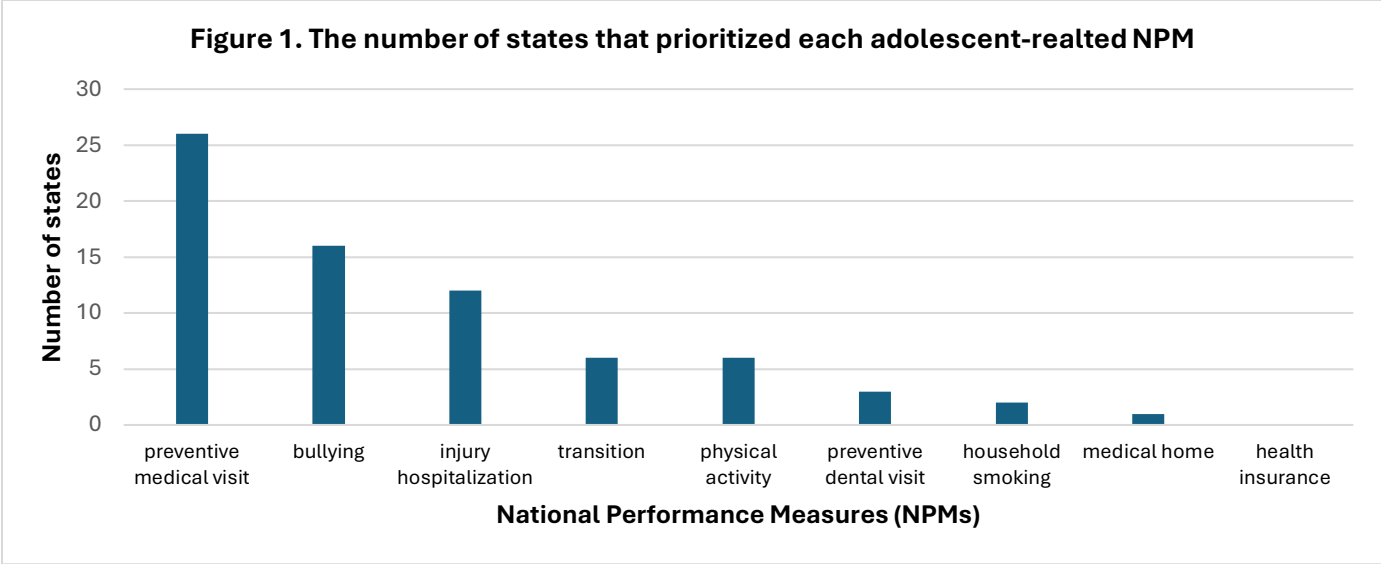
National Performance Measures

Of the adolescent-related NPMs, the most commonly selected priority NPMs included in the Adolescent Health section were preventive medical visit (26 states), followed by bullying (16 states), injury hospitalization (12 states), transition to adult care (6 states), physical activity every day (6 states), preventive dental visit (3 states), someone in household smokes (2 states), and medical home (1 state). No state included the adequate and continuous health insurance NPM in their Adolescent Health section. See Table 1 and Figure 1.

Table 1. Distribution of adolescent-related NPMs*

National Performance Measure (NPM)		# of states that prioritized each NPM
NPM 10	Preventive medical visit	26 (AL, AK, AZ, CA, CT, DE, HI, IL, IN, IA, KS, MD, MA, MN, MS, NV, NH, NY, NC, ND, OH, OK, PA, SC, VT, WA)
NPM 9	Bullying	16 (AZ, AR, CO, FL, GA, ID, ME, MI, MT, NJ, OK, OR, RI, SC, UT, WV)
NPM 7.2	Injury hospitalization	12 (AZ, IN, LA, MO, NE, NH, NM, SD, TX, VA, WI, WY)
NPM 12	Transition to adult care	6 (AR, DC, IL, NV, OK, VA)
NPM 8.2	Physical activity every day	6 (AR, DE, FL, IN, KY, MS)
NPM 13.2	Preventive dental visit	3 (AL, DC, VA)
NPM 14.2	Someone in household smokes	2 (KY, TN)
NPM 11	Medical home	1 (DC)
NPM 15	Adequate and continuous health insurance	0

*These are only inclusive of NPMs included in the Adolescent Health section of the FY24 application year narrative.



In each of the following sections, presented in order of the most commonly mentioned NPMs, we list the number of distinctive strategies that were abstracted and highlight examples of standout state strategies. Each cross-sector partner involved in the strategy is underlined>. Of note, we did not identify any strategies or distinctive examples for the NPMs on preventive dental visits (NPM 13.2) or household smoking (NPM 14.2).

Preventive medical visit (NPM 10)

26 states included the preventive medical visit NPM (NPM 10) in the Adolescent Health section of their Block Grant application narratives. From these states, we abstracted 63 distinctive strategies that involved cross-sector partners. The most common cross-sector partners involved in these strategies were related to education (e.g., school-based health centers [SBHCs], state departments of education, school nurses) and interagency (e.g., state Medicaid, social services). Click [here](#) for a supplemental spreadsheet that lists all distinctive strategies for this NPM. Box 1 highlights standout state examples of cross-sector partner strategies on preventive medical visits.

Box 1. Standout State Strategies for Preventive Medical Visit (NPM 10)*

Arizona: In partnership with Advocates for Youth and local stakeholders, an adaptation of Advocates for Youth’s model—Reproductive Health Access Project—will be completed in late 2023 and will be ready for pilot implementation in 2024. The goal of the project is to develop an evidence-informed, peer-led intervention model to support health clinics in providing equitable, trauma-informed sexual and reproductive health education and services, centered on authentic, youth-adult partnerships. Efforts will be made to recruit participating Adolescent Champion Model (ACM) health centers to further enhance their youth-focused work by offering the opportunity for them to implement the model, in addition to Title X clinics and other clinical sites interested in improving the services they provide to adolescents. (Note: ACM health centers participate in the University of Michigan’s Adolescent Health Initiative’s 18-month program to build capacity of health centers to provide high quality, youth-centered care.)

Connecticut: Department of Public Health (DPH)-funded SBHCs report programmatic data and information three times a year through SurveyMonkey. Information on the number of individuals who received an Adverse Childhood Experience (ACE) screener, the number of individuals found to be at risk, and the number of individuals that were found at risk who were referred for follow up are collected for

these reports. The SurveyMonkey report will collect information related to reimbursement to see if SBHCs are receiving any payment for administering trauma screenings and for which ones, and if reimbursement is being provided for treatment. DPH will also ask specifically which social emotional screening tools are being used in the SBHCs, if students have been referred for service based on the screening, and if there was follow through with students going to their referred appointments.

Indiana: Indiana Department of Health (IDOH) MCH partnered with the University of Michigan's Adolescent Health Initiative (AHI) in early 2021 to implement the Adolescent Champion Model (ACM). The model has been implemented and replicated in many states and aims to create a teen-friendly health care environment. It helps to ensure providers feel comfortable and confident when seeing teen patients while also encouraging clinics to implement changes to the physical office space and staff behavior to be more welcoming and engaging with youth. MCH is supporting the clinics to make the change by covering contracting costs to the University of Michigan's AHI and by providing a stipend to each clinic to pay for professional development and supplies to create the changes.

Indiana: MCH has continued to grow its partnership with the Indiana Department of Corrections – specifically the team and facilities that serve youth and how to address their health and well-being. The Chief Justice of Indiana appointed members to: 1) Develop a plan to collect and report statewide juvenile justice data, 2) Establish procedures and policies related to the use of certain screening tools and assessments, 3) Develop a statewide plan to address the provision of broader behavioral health services to children in the juvenile justice system, 4) Develop a plan for the provision of transitional services for a child who is a ward of the Department of Correction, and 5) Develop a plan for the juvenile diversion and community alternatives grant programs.

**Some strategy summaries have been modified for this report. Please click [here](#) for the original wording of each strategy.*

Bullying (NPM 9)

16 states included the Bullying NPM (NPM 9) in their Adolescent Health section of their Block Grant application narratives. From these states, we abstracted 27 distinctive strategies that involved cross-sector partners. The most common cross-sector partners involved in these strategies were related to education (e.g., departments of education, school health advisory committees, school administrative units), community organizations (e.g., LGBTQ+ community, regional adolescent health coordinators, child abuse prevention organization), and interagency (e.g., departments of education, reproductive health programs, departments of child and family services). Click [here](#) for a supplemental spreadsheet that lists all distinctive strategies for this NPM. Box 2 highlights standout state examples of cross-sector partner strategies on bullying.

Box 2. Standout State Strategies for Bullying (NPM 9)*

Colorado: In the upcoming year, Tobacco staff will work with Rocky Mountain Center for Health, and other partners, to prioritize outreach to schools in Health Statistic Regions reporting youth health disparities by race and sexual orientation, and rural communities. Schools will be supported in implementing and enrolling students in the Second Chance program as an alternative to suspension in school policy work and disseminating prevention resources to address youth substance use, mental health issues, and other risk factors. The Tobacco program will continue to collaborate with other internal and external school partners to share ongoing updated survey results of students' feedback on school engagement to include perceptions of belonging and equity in the enforcement of school discipline policies.

Michigan: Efforts will center around bullying prevention through health education in the classroom with added supports for LGBTQ+ students. In FY 2024, Michigan will again select six schools to implement an approach to bullying prevention that includes teaching health education and creating safe schools for all students. All grade levels within selected schools will implement the social and emotional health skills module of the Michigan Model for Health™ (MMH) curriculum. Partnering with Michigan Department of Education, Michigan Office of Adolescent and School Health, and School Health Coordinators will help schools receive the training and technical assistance needed for schoolwide MMH™ curriculum implementation; that youth voice will be centered; and that school teams will be provided with the training and support needed to create systemic change.

Oklahoma: The School Health Consultant will provide the Olweus Bullying Prevention Program model to support the Oklahoma State Department of Education (OSDE) and schools statewide in training, implementation, and technical assistance (TA). Partnering with OSDE to provide training to parents and community members to understand the pervasiveness and the damaging effects of bullying, learn the signs of bullying, and how to help schools and communities implement effective strategies to prevent the continuation of bullying in the community.

West Virginia: Regional Adolescent Health Coordinators (AHCs) will utilize Search Institute's 40 Developmental Assets Framework to increase protective factors and encourage adult and youth connections in schools and communities to build and maintain positive relationships between young people and caring adults, including school personnel and caregivers. The state's Adolescent Health Initiative's Director and community based AHCs have a longstanding association with the Department of Education and have facilitated many training sessions for school administrators, teachers, school nurses, and other school personnel on positive youth development models, including Risk and Protective factors and the Search Institute's 40 Developmental Assets®.

**Some strategy summaries have been modified for this report. Please click [here](#) for the original wording of each strategy.*

Injury Hospitalization (NPM 7.2)

12 states included the Injury Hospitalization NPM (NPM 7.2) in their Adolescent Health section of their Block Grant application. From these states, we abstracted 19 distinctive strategies that involved cross-sector partners. The most common cross-sector partners involved in these strategies were interagency (e.g., Office of the Attorney General, Juvenile Justice Department, Division of Mental Health and Addiction). Click [here](#) for a supplemental spreadsheet that lists all distinctive strategies for this NPM. Box 3 highlights standout state examples of cross-sector partner strategies on injury hospitalization.

Box 3. Standout State Strategies for Injury Hospitalization (NPM 7.2)*

Louisiana: The [Bureau of Family Health](#) is partnering with [The Family Tree](#) to enhance their suicide prevention training by funding an additional suicide prevention coordinator. These programs provide participants with the tools necessary to help themselves or others showing signs of at-risk behavior. Additionally, the Comprehensive Suicide Prevention grant supports Beacon Community Connections' youth care navigation program. This program works with law enforcement and hospital intake specialists to provide care coordination services (such as follow-up services and resources) to youth who visited the emergency department or were admitted to a hospital due to suicidal ideation or attempt.

Missouri: The [MCH Services Program](#), in partnership with [MO KidsFirst](#), will continue to offer and/or support and promote partner offerings of the Stewards of Children training for local public health agencies and other community partners. [Three county health departments](#) are working with [organizations serving youth](#) to determine if they have child-adult contact policies and if not, helping them to develop policies and provide staff trainings. In addition, these health departments plan to host Parent Cafés in their local communities. Parent Cafés are structured, small group conversations, to facilitate transformation and healing within families, build community, develop peer-to-peer relationships, and engage parents as partners in programs that serve them.

Texas: In partnership with [hospitals, clinics, school districts, school health advisory committees \(SHAC\), and community partners](#), [Public Health Regions \(PHRs\)](#) will focus on sex trafficking prevention and awareness activities. PHRs will provide prevention education about sex trafficking minors, human trafficker's grooming techniques, and characteristics of at-risk trafficking populations. The PHRs will also develop clinic processes for Identifying and referring trafficking victims using the National Educators to Stop Trafficking curriculum to guide trafficking prevention education efforts for teachers and youth leaders in schools, civic groups, church groups, and colleges and universities, and hosting community outreach events that raise community awareness.

Wisconsin: The [Adolescent Health team](#) plans to partner with the [University of Wisconsin-Extension Health and Well-Being Institute](#) to support local and tribal health agencies. Through partnerships with [local and tribal agencies](#), Title V will support the implementation of evidence-based suicide prevention and mental health promotion programs and trainings in communities around the state, including schools and health care systems. The scope of trainings and programs will include traditional gatekeeper trainings such as Question, Persuade and Refer, Youth Mental Health First Aid, and peer-based prevention trainings, as well as anti-bullying efforts, social emotional learning programs, and mental health promotion efforts which have been developed locally to meet the needs of a community or culture.

**Some strategy summaries have been modified for this report. Please click [here](#) for the original wording of each strategy.*

Transition to Adult Care (NPM 12)

7 states included the Transition to Adult Care NPM (NPM 12) in their Adolescent Health section of their Block Grant application. From these states, we abstracted 5 distinctive strategies that involved cross-sector partners. The most common cross-sector partners involved in these strategies were related to education (e.g., SBHCs and school health services programs). Click [here](#) for a supplemental spreadsheet that lists all distinctive strategies for this NPM. Box 4 highlights standout state examples of cross-sector partner strategies on transition to adult care.

Box 4. Standout State Strategies for Transition to Adult Care (NPM 12)*

Arkansas: [Title V in Arkansas](#) will partner with [School-Based Health Center Coordinators](#) to include children without special health care needs into the structure and planned health care transition process that studies with CYSHCN have proven to result in improvements in health, the youth's experience related to the health care received, and the use and health outcomes for youth. School-Based Health Clinic (SBHC) coordinators have been informed on health care transition readiness and, in collaboration with the ADH School Health Services Title V CSHCN program, presentations to SBHC coordinators will be conducted in partnership with the Arkansas School-Based Health Center Advisor in the upcoming year. Additionally, the Student Wellness Advocacy Groups will receive content on healthcare transition into adulthood and develop a public service announcement (PSA) addressing the concerns of youth.

District of Columbia: The [SBHCs](#) will provide transition readiness assessments to students 18 and older. The assessments will determine what type of assistance each student will receive. The types of assistance have varied from providing referrals to adult PCPs and scheduling annual physical exams for students to providing literature and guidance on how to navigate healthcare as an adult. During FY24, the SBHCs plan to continue providing transitional care services to graduating seniors. Additionally, the SBHCs and [DC Health](#) will begin to evaluate this process to measure the impact and provide guidance for improving the health care transition education, as needed.

Oklahoma: [MCH](#) will strengthen their relationship and collaboration with the [Oklahoma Health Care Authority \(OHCA\)](#), the [state's Medicaid agency](#) and [Sooner SUCCESS](#), the state's system to promote coordinated systems of health, social, and education services for CYSHCN, to further both objectives: 1) Collaborate with the OHCA to provide transition information and at least one training to their provider network by December 2023, and 2) Develop, in partnership with Sooner SUCCESS, an Adolescent Guide for Transitioning to an Adult Health Care Model and a related presentation for schools, community partners, and local medical providers on adolescent transition to adult health care for all youth by 2024. The Child Health Advanced Practice Registered Nurse Consultant will continue to be responsible for transition projects and collaborating with OHCA. MCH will work on building relationships with other programs focusing on health care transition efforts.

**Some strategy summaries have been modified for this report. Please click [here](#) for the original wording of each strategy.*

Physical Activity Every Day (NPM 8.2)

6 states included the Physical Activity Every Day NPM (NPM 8.2) in their Adolescent Health section of their Block Grant application. From these states, we abstracted 4 distinctive strategies that involved cross-sector partners. This included 2 cross-sector partnerships related to education (e.g., Department of Education and school staff), 1 partnership with a community organization (Boys and Girls Club), and 1 with the American Lung Association. Click [here](#) for a supplemental spreadsheet that lists the distinctive strategies for this NPM. Box 5 highlights a standout state example of a cross-sector partner strategy on physical activity.

Box 5. Standout State Strategies for Physical Activity Every Day (NPM 8.2)*

Kentucky: One of the objectives to address in the coming program year is to increase the proportion of schools in KY that have implemented a school wellness policy and a Comprehensive School Physical Activity Program (CSPAP). In order to accomplish these objectives, strategies will include training and technical assistance for school staff, district trainings on local school wellness policies, evidence informed strategies for Coordinated School Health (CSH) and Healthy Families/Healthy Communities and increasing the number of Farm to School programs and Farmers' Markets.

**This strategy summary has been modified for this report. Please click [here](#) for the original wording of each strategy.*

Medical Home (NPM 11)

2 states included the Medical Home NPM (NPM 11) in their Adolescent Health section of their Block Grant application. From these 2 states, we abstracted 3 distinctive strategies that involved cross-sector partners. These included 2 cross-partnerships related to education (e.g., SBHCs and a school health services program), 1 of which was also counted as an interagency partnership as the state Department of Health also partnered with the Department of Health Care Finance. Click [here](#) for a supplemental spreadsheet that lists the distinctive strategies for this NPM. Box 6 highlights a standout state example of a cross-sector partner strategy on medical home.

Box 6. Standout State Strategies for Medical Home (NPM 11)

District of Columbia: In FY24, a data-sharing agreement between DC Health, the Department of Health Care Finance (DHCF), and DC Public Schools (DCPS) will be utilized to assist in identifying students who are Medicaid beneficiaries who have/have not had a well-child examination. A quality improvement and outreach plan in coordination with DHCF will be implemented to identify coordinated outreach to DCPS students who have yet to receive a well-child examination to ensure all students are properly navigated to a medical home. This data-sharing agreement will put a systematic data-sharing process in place, fill gaps in current DC Health data on well-child visits based on DCHF data, and illustrate documented outreach to families from MCOs and school health program.

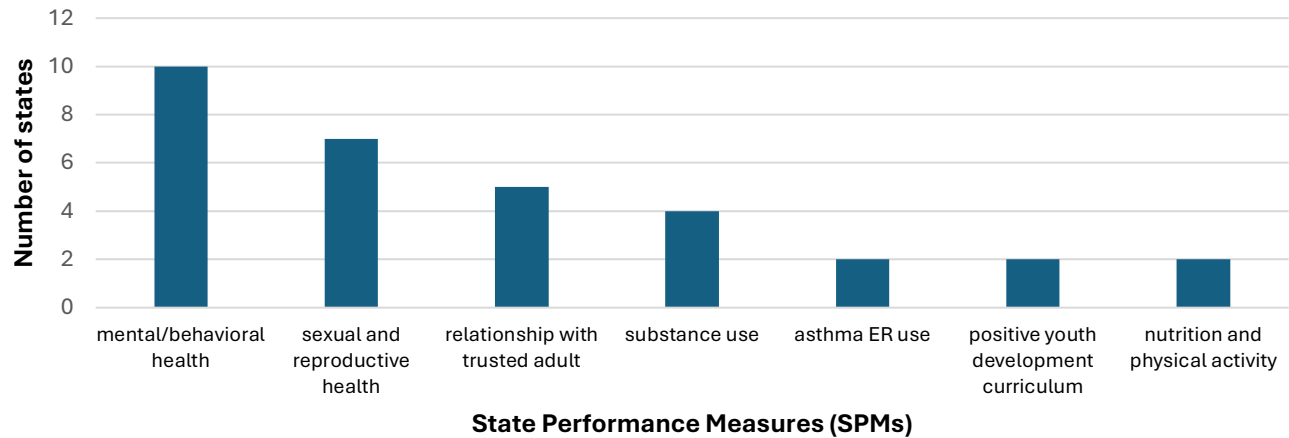
State Performance Measures

The most common SPMs within the Adolescent Health section were related to the topic of mental/behavioral health (10 states), followed by sexual and reproductive health (7 states), relationship with trusted adult (5 states), substance use (4 states), asthma emergency room use (2 states), positive youth development curriculum (2 states), and nutrition and physical activity (2 states). See Table 2 and Figure 2.

Table 2. Distribution of states with adolescent-related SPMs

State Performance Measure (SPM) Topics	# of states with adolescent-related SPMs (n=28)
Mental/behavioral health	10 (DC, IA, KY, ME, MO, NE, OH, RI, VT, WI)
Sexual and reproductive health	7 (DC, MA, MI, NE, NV, NJ, VA)
Relationship with trusted adult	5 (AK, PA, SD, WA, WY)
Substance use	4 (AR, TN, WA, WV)
Asthma emergency room use	2 (MD, NC)
Positive youth development curriculum	2 (DC, IN)
Nutrition and physical activity	2 (TX, UT)

Figure 2. The number of states with adolescent-related SPMs



In their Adolescent Health Block Grant application sections, 28 states described 40 strategies that involved cross-sector partnerships within their descriptions of SPMs. More than half of these strategies (24) were related to mental/behavioral health, and the most common cross-sector partners involved were related to education (e.g., SBHCs and Departments of Education), community organizations (e.g., National Alliance on Mental Illness and Providers and Teens Communicating for Health [PATCH]), and interagency efforts (e.g., Medicaid and Department for Behavioral Health Disorders and Intellectual Disabilities). Click [here](#) for a supplemental spreadsheet that lists all distinctive SPM strategies. Box 7 highlights standout state examples of cross-sector partner strategies written about for SPMs.

Box 7. Standout State Strategies for State Performance Measures*

Ohio: MCH will continue to work with the Violence and Injury Prevention Section who will be contracting with Ohio American Academy of Pediatrics (AAP) to expand the behavior health screening quality improvement project into counties with the highest rate and number of suicides and attempts (ages 11-24) in Ohio. This project includes both screening and providing resources to adolescents and families for high-risk responses, to include information on reducing access to lethal means using Ohio AAP's Store It Safe program. This program is a 4-step process that includes screening using a validated tool, advising families to use a barrier to store potentially lethal means, family discussions with teens, and emergency referrals for life-threatening concerns.

Rhode Island: The Violence and Injury Prevention Program (VIPP) through its CDC Rape Prevention Education grant will continue working with partners to implement interventions targeting risk and protective factors for teen dating and youth sexual violence at the community-level. Interventions include the evidence-based Girls Circle Program implemented by the YWCA of RI with middle school girls from Providence and Central Falls, a virtual Certified Peer Education training provided by SafeBAE (a student-led group working to prevent sexual violence among teens) to K-12 students across the state, youth leadership and civic engagement training for Providence high school students by Young Voices in Providence, K-12 Title IX training and certification from the Association for Title X Administrators, and the development of evidence-informed guidelines for sexual health and consent education in K-12 settings, created by Day One of RI (an organization committed to supporting sexual assault survivors and increasing prevention).

Vermont: The Division of Family and Child Health (FCH) will continue to fund Vermont Afterschool's work around preventing risk behaviors and promoting strengths for youth. Vermont Afterschool will be entering its sixth year of funding from FCH. They will continue the work of the Youth Voice Coordinator and the Youth Resilience Coordinator to maintain support for youth councils across the state and manage the Vermont Youth Project which supports stakeholders in specified communities to identify and implement strategies that increase protective factors and reduce risk factors for youth across the domains of school, community, family, and peers. In partnership with the Vermont Child Health Improvement Program's Youth Health Improvement Initiative, they will sustain a combined (VT RAYS-VT Afterschool) youth-led advisory council to address statewide adolescent and young adult health issues.

Vermont: In partnership with the Vermont Child Health Improvement Program (VCHIP), FCH will collect and report on quality improvement data from pediatric practices on depression screening and will promote suicide screening in primary care using the nationally recognized Zero Suicide. FCH continues to build upon its partnership with the Department of Mental Health by ensuring that leadership from both departments meets bimonthly to support enhanced coordination and collaboration around shared priorities. FCH will continue to prioritize BIPOC and LGBTQ+ youths in suicide prevention policies and programming. FCH holds a lead role in the VT Child Fatality Review Team and will assist with review of deaths by suicide and formation of relevant recommendations, with a focus on community and school based postvention, the period after a peer suicide occurs, response.

Virginia: All 35 local health departments (LHDs) were asked to complete a survey regarding adolescent health. The survey examined the resources available to the adolescent population in each health district including school-based health services and contraceptive and reproductive health services, staff training needs, especially regarding policies around mandated reporting, confidentiality and privacy, and regarding special topics such as “healthy relationships,” “sexuality and gender”, and “puberty and adolescent brain development”. Additionally, questions regarding referrals and referral-tracking processes were asked. Twelve districts indicated an interest in participating in a work group to strengthen LHD work with and for their adolescent population. For FY24, those 12 districts will form a work group, led by the Adolescent Health Coordinator, addressing needs and areas of opportunity identified by the survey.

**Some strategy summaries have been modified for this report. Please click [here](#) for the original wording of each strategy.*

Conclusion

This report highlights a variety of adolescent health-related strategies state Title V agencies are undertaking that involve cross-sector partnerships. States are encouraged to draw on these findings and standout state strategies as they plan for additional future collaborative activities to improve adolescent health and well-being. For technical assistance or additional information about the findings, please contact The National Center for Adolescent and Young Adult Health and Well-Being at collab4youth@aap.org.