

Direct and Enabling Services

Direct and Enabling Services	
Instructions	
<p>Select Yes or No to indicate whether your program provided direct and/or enabling services during the reporting period. If your program provided both direct and enabling services, select Yes for both, and complete Part A and Part B. If your program only provided direct services, select Yes for direct services only and complete Part A. If your program only provided enabling services, select Yes for enabling services and complete Part B. If your program did not provide either, select No and the form is complete.</p>	
Part A. Direct Services	
<ul style="list-style-type: none">i. Select the types of direct services provided during the reporting period. Select all that apply.ii. For outputs:<ul style="list-style-type: none">a. Complete the table and fill in each of the cells as appropriate to calculate the total number served by direct services in the reporting period. For reporting on children, adolescents, and young adults, select EITHER “Children, Adolescents, and Young Adults (age 1-25)” OR the subcategories of “Children and Adolescents (age 1-17)” and “Young Adults (age 18-25).” Children, Adolescents, and Young Adults with Special Health Care Needs (CYSHCN) is a subset of Infants (age <1 year) and Children, Adolescents, and Young Adults (age 1-25) and will not be used to calculate the total served. Total columns and rows will be auto-calculated based on data entered into the cells. Within each reporting category, the count of individuals served should be unduplicated to the fullest extent possible. For example, if an individual receives multiple direct services such as screening and oral health care, the individual would only be counted once in the table. If data are provided in the row for “Children, Adolescents, and Young Adults”, “Children and Adolescents (age 1-17)”, and/or “Young Adults (age 18-25)”, please indicate the age range (minimum age and maximum age) of children, adolescents, and/or young adults served.b. If applicable, enter the number served by direct services using telehealth during the reporting period. Telehealth means that the direct service was provided using telehealth modalities. This number is a subset of the total number served by direct services. The count of individuals served via telehealth should be unduplicated to the fullest extent possible. For example, if an individual receives multiple direct services via telehealth, the individual would only be counted once.	
Part B. Enabling Services	
<ul style="list-style-type: none">i. Select the types of enabling services provided during the reporting period. Select all that apply.ii. For outputs:<ul style="list-style-type: none">a. Complete the table and fill in each of the cells as appropriate to calculate the total number served by enabling services in the reporting period. For reporting on children, adolescents, and young adults, report EITHER “Children, Adolescents, and Young Adults (age 1-25)” OR the subcategories of “Children and Adolescents (age 1-17)” and “Young Adults (age 18-25).” Children, Adolescents, and Young Adults with Special Health Care Needs (CYSHCN) is a subset of Infants (age <1 year) and Children, Adolescents, and Young Adults (age 1-25) and will not be used to calculate total served. Total columns and rows will be auto-calculated based on data entered into the cells. Within each reporting category, the count of individuals served should be unduplicated to the fullest extent possible. For example, if an individual receives multiple enabling services, the individual would only be counted once in the table. If data are provided in the row for “Children, Adolescents, and Young Adults”, “Children and Adolescents (age 1-17)”,	

and/or “Young Adults (age 18-25)”, please indicate the age range (minimum age and maximum age) of children, adolescents, and/or young adults served.

- b. If applicable, enter the number served by enabling services using telehealth during the reporting period. Telehealth means that the enabling service was provided using telehealth modalities. This number is a subset of the total number served by enabling services. The count of individuals served via telehealth should be unduplicated to the fullest extent possible. For example, if an individual receives multiple enabling services via telehealth, the individual would only be counted once.

Note: A program participant may receive both a direct and enabling service. If a participant receives both direct and enabling services, they should be included in the tables for Part A and Part B.

Comments: Enter any comments, if applicable.

Definitions:

Direct Services are preventive, primary, or specialty clinical services, where MCHB program funds are used to reimburse or fund individually delivered services through a formal process similar to paying a medical billing claim or managed care contracts. Reporting on direct services should NOT include the costs of clinical services which are delivered with program dollars but reimbursed by Medicaid, CHIP, or other public or private payers. (Definition Source: Adapted from [TVIS Glossary https://mchb.tvisdata.hrsa.gov/Glossary/Glossary](https://mchb.tvisdata.hrsa.gov/Glossary/Glossary))

- Services may be provided by clinical or non-clinical professionals and paraprofessionals.
- Examples include, but are not limited to (where MCHB program funds are used to reimburse or fund individually delivered services through a formal process similar to paying a medical billing claim or managed care contracts), preventive, primary, or specialty care visits, emergency department visits, inpatient services, outpatient and inpatient mental and behavioral health services, prescription drugs, occupational and physical therapy, speech therapy, durable medical equipment and medical supplies (purchased directly for a person to use themselves at home), medical foods, oral health care, and vision care.
- The recipients of these services are individuals or members of families

Enabling Services are non-clinical services that aid individuals to access health care and supportive care and improve health and well-being outcomes. (Definition Source: Adapted from [TVIS Glossary https://mchb.tvisdata.hrsa.gov/Glossary/Glossary](https://mchb.tvisdata.hrsa.gov/Glossary/Glossary))

- Enabling services include, but are not limited to: case management, care coordination, referrals, services to support transition from pediatric to adult health care, consultation, translation/interpretation, transportation, eligibility assistance, health education for individuals or families, environmental health risk reduction, health literacy, beneficiary outreach, and purchase of equipment and medical supplies (to support the care of people in a care setting).
- The recipients of these services are individuals or members of families.

Families include individuals in traditional or non-traditional family structures and may include biological, foster, or adoptive parents and/or siblings, spouses or partners, or members of an extended family.

Telehealth is the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, health administration, and public health.

1. During the reporting period, did your program provide direct or enabling services? *(select all that apply)*

- Yes, direct services *[complete Part A]*
- Yes, enabling services *[complete Part B]*
- No

A. Direct Services

i. Types of direct services provided in the reporting period *(select all that apply)*

- Clinical assessments
- Screening
- Preventive care visits
- Primary care visits
- Specialty care visits
- Emergency department visits
- Inpatient services
- Outpatient and/or inpatient mental and behavioral health services
- Oral health care
- Vision care
- Prescription drugs
- Occupational and/or physical therapy
- Speech therapy
- Purchase of durable medical equipment and medical supplies (for use at a person's home)
- Purchase of medical foods
- Other (specify): _____

ii. Outputs

a. Total # served by direct services in the reporting period

<TABLE BY POPULATION GROUPS AND RACE, ETHNICITY, AND INSURANCE>

I. # served by direct services using telehealth in the reporting period (Note: this number is a subset of Total # served by direct services) _____

B. Enabling Services

i. Types of enabling services provided in the reporting period *(select all that apply)*

- Care management
- Care coordination
- Referrals
- Health education
- Transition services
- Consultation
- Translation/interpretation
- Transportation
- Eligibility assistance
- Environmental health risk reduction

- Health literacy and outreach
- Purchase of equipment and medical supplies (for use in a care setting)
- Other (specify): _____

ii. Outputs

a. Total # served by enabling services in the reporting period

<TABLE BY POPULATION GROUPS AND RACE, ETHNICITY, AND INSURANCE >

- I. # served by enabling services using telehealth in the reporting period (Note: this number is a subset of Total # served by enabling services) _____

Comments: _____

<TABLE BY POPULATION GROUPS AND RACE, ETHNICITY, AND INSURANCE>

	RACE								ETHNICITY				INSURANCE				
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unknown/Unrecorded	Total	Hispanic or Latino	Not Hispanic or Latino	Unknown/Unrecorded	Total	Public	Private	Uninsured	Unknown/Unrecorded	Total
Infants (age <1 year)																	
Children, Adolescents, and Young Adults (age 1-25)																	
Children and Adolescents (age 1-17)																	
Young Adults (age 18-25)																	
CYSHCN (age 0-25)																	
Pregnant/postpartum persons (all ages)																	
Non-pregnant women (age 26+)																	
Men (age 26+)																	
Families																	
Other (specify):																	
Unknown																	
TOTALS																	

If served “Children, Adolescents, and Young Adults (age 1-25)”, “Children and Adolescents (age 1-17)”, and/or “Young Adults (age 18-25)”, and reported them in the table above, please indicate the age range of children, adolescents, and/or young adults served.

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Training and Workforce Development

Training and Workforce Development

Instructions

Select Yes or No to indicate whether your program conducted training and workforce development through a degree, certification, or formal course AND/OR through continuing education during the reporting period. If your program provided both, select Yes for both, and complete Part A and Part B. If your program only provided training and workforce development through a degree, certification, or formal course, only select Yes for training and workforce development through a degree, certification, or formal course and complete Part A. If your program only provided continuing education, select Yes for continuing education and complete Part B. If your program did not provide either, select No and the form is complete.

Part A. Degree, Certification, or Formal Course

- i. Select the type(s) of trainees reached during the reporting period. Select all that apply.
- ii. Select the focus area(s) of the training(s) provided. Select all that apply.
- iii. Select the topic area(s) of the training(s) provided. Select all that apply. If the specific topic area of your training is not listed, select the topic area closest to your topic area. If none of the topic areas are close to your topic area, select “none of the above.” You may select a subtopic without also selecting the corresponding general topic. For example, you may select “Newborn Screening” without selecting “Early Childhood”. In addition, you may select only the general topic if none of the subtopics apply.
- iv. For outputs:
 - a. Enter the number of trainees trained during the reporting period. This number should be an unduplicated count.

Part B. Continuing Education

- i. Select the type(s) of continuing education participants reached during the reporting period. Select all that apply.
- ii. Select the subject area(s) of the continuing education provided. Select all that apply. If the specific subject area of your training is not list, select the subject area closest to your subject area. If none of the subject areas are close to your subject area, select “none of the above.”
- iii. If applicable, select the topic area(s) of the continuing education provided. Select all that apply. If the specific topic area of your training is not list, select the topic area closest to your topic area. If none of the topic areas are close to your topic area, select “none of the above.” You may select a subtopic without also selecting the corresponding general topic. For example, you may select “Newborn Screening” without selecting “Early Childhood”. In addition, you may select only the general topic if none of the subtopics apply.
- iv. For outputs:
 - a. Enter the number of continuing education sessions/activities conducted during the reporting period.
 - b. Enter the number of continuing education participants during the reporting period. This number may be duplicated.

Comments: Enter any comments, if applicable.

Definitions:

Degree, Certification, or Formal Course refers to training provided through a standard curriculum that may result in a degree or certification. Post-graduates and early research investigators are also included, even though they will not receive a degree or certificate. Also included are individuals that receive a portion of the curriculum but do not complete all of the curriculum or receive a degree or certificate. This may include:

- Short-term, medium-term, and long-term Division of Maternal and Child Health Workforce Development training program trainees
- Research network mentees
- Individuals receiving EMS certification
- Individuals receiving doula certification

Continuing Education refers to trainings that maintain or strengthen knowledge and skills of the MCH workforce (including community outreach workers, families, and other members who directly serve the community), and are not part of a degree, certification, or formal course. This includes trainings that may be used to maintain the credentials and licensure of health care providers, public health practitioners, other members of the practicing MCH workforce.

Differentiation between Training and Workforce Development, Technical Assistance, and Outreach and Education:

Activity	Is the Purpose of the Activity to Address Needs at the Individual, Organizational, or General Population Level?	Recipient Level	Goal	Included Activities
Training and Workforce Development	Individual trainees or practicing MCH workforce professionals	Individual trainees or practicing MCH workforce professionals	To improve the knowledge, skills, and capacity of future and practicing MCH workforce members	<ul style="list-style-type: none"> - Undergraduate, graduate, and post-graduate education and training - Continuing education - Applied learning - ECHO, if it includes training sections
Technical Assistance	Organizational	Individual(s) in the organization	To improve the knowledge and skills of organizational members in order to meet organizational outcomes	Provide support, training, education, etc. with the intent of facilitating and achieving <u>organizational</u> goals and outcomes. Activities <ul style="list-style-type: none"> - Training - TA - Site visits - Collaborative networks - Running peer-to-peer forums
Outreach and Education	General population	Individuals in the population at large	To improve knowledge of the target population by providing information,	Provide information and messaging to MCH populations through more generalized and passive mechanisms. (If program funds are used to create resources and tools, but not provide direct one-on-one support and contact, this would count here).

			messaging, and discussion	Activities <ul style="list-style-type: none"> - Public health campaigns - Educational pamphlets, fact sheets, etc. - Webinars available to the public 	
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1. During the reporting period, did your program provide training and workforce development through a degree, certification, or formal course OR through continuing education?
(select all that apply)

Yes, provided training and workforce development through a degree, certification, or formal course *[complete Part A]*
 Yes, provided training and workforce development through continuing education *[complete Part B]*
 No

A. Degree, Certification, or Formal Course

i. Trainee Type reached in the reporting period *(select all that apply)*

Undergraduate
 Graduate
 Post-graduate
 Non-degree seeking
 Other (specify): _____

ii. Training Focus *(select all that apply)*

Clinical care
 Care support (including allied health)
 Research
 Public health, non-research (for example, policy, planning, leadership, etc.)
 Other (specify): _____

iii. Training Topic Area *(select all that apply)*

Early Childhood
 Newborn Screening
 Safe Sleep
 Developmental Health (including developmental screening)
 Adolescent Health
 Maternal Health
 Maternal Mortality
 Perinatal/Postpartum Care
 Breastfeeding
 Maternal Depression

- Children, Adolescents, and Young Adults with Special Health Care Needs
- Developmental Disabilities
- Mental/Behavioral Health
 - Autism
 - Substance Use Disorder(s)
- Clinical Care
- Sickle Cell Disease
- Heritable Disorders (excluding sickle cell)
- Epilepsy
- Fetal Alcohol Syndrome
- Oral Health
- Medical Home
- Health Care Transition
- Immunizations
- Injury Prevention
 - Poison/Toxin Exposure
- Child Maltreatment
- Emergency Services for Children
 - Emergency Preparedness
- Health Equity
- Social Determinants of Health
- Telehealth
- Preventive Services
- Obesity
- Health Insurance
- Nutrition
- Respiratory Health
- Life Course Approach
- None of the above

iv. Outputs

a. # trained during the reporting period ____

B. Continuing Education

i. Continuing Education Participant Type reached in the reporting period <i>(select all that apply)</i>	<input type="checkbox"/> Clinical care provider (for example, MD, DO, NP, PA, etc.) <input type="checkbox"/> Care support provider (including allied health) <input type="checkbox"/> Researcher <input type="checkbox"/> Public health professional, non-researcher <input type="checkbox"/> Community-based participant (for example, community outreach worker, family advocate, etc.) <input type="checkbox"/> Other (specify): _____
ii. Continuing Education Subject Area <i>(select all that apply)</i>	<input type="checkbox"/> Clinical Care Related (including medical home) <input type="checkbox"/> Equity, Diversity, or Cultural Responsiveness Related <input type="checkbox"/> Data, Research, Evaluation Methods <input type="checkbox"/> Family Involvement <input type="checkbox"/> Interdisciplinary Teaming <input type="checkbox"/> Health Care Workforce Leadership <input type="checkbox"/> Policy <input type="checkbox"/> Systems Development/Improvement (including capacity building, planning, and financing) <input type="checkbox"/> Emerging Issues (specify): _____ <input type="checkbox"/> None of the above
iii. Continuing Education Topic Area <i>(select all that apply)</i>	<input type="checkbox"/> Early Childhood <ul style="list-style-type: none"><input type="checkbox"/> Newborn Screening<input type="checkbox"/> Safe Sleep<input type="checkbox"/> Developmental Health (including developmental screening) <input type="checkbox"/> Adolescent Health <input type="checkbox"/> Maternal Health <ul style="list-style-type: none"><input type="checkbox"/> Maternal Mortality<input type="checkbox"/> Perinatal/Postpartum Care<input type="checkbox"/> Breastfeeding<input type="checkbox"/> Maternal Depression <input type="checkbox"/> Children, Adolescents, and Young Adults with Special Health Care Needs <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Mental/Behavioral Health <ul style="list-style-type: none"><input type="checkbox"/> Autism<input type="checkbox"/> Substance Use Disorder(s) <input type="checkbox"/> Clinical Care <input type="checkbox"/> Sickle Cell Disease <input type="checkbox"/> Heritable Disorders (excluding sickle cell)

- Epilepsy
- Fetal Alcohol Syndrome
- Oral Health
- Medical Home
- Health Care Transition
- Immunizations
- Injury Prevention
 - Poison/Toxin Exposure
- Child Maltreatment
- Emergency Services for Children
 - Emergency Preparedness
- Health Equity
- Social Determinants of Health
- Telehealth
- Preventive Services
- Obesity
- Health Insurance
- Nutrition
- Respiratory Health
- Life Course Approach
- None of the above

iv. Outputs (*complete both a and b*)

- a. # of continuing education sessions/activities conducted during the reporting period ____
- b. # of participants in continuing education activities during the reporting period ____

Comments: _____

Partnerships and Collaboration

Partnerships and Collaborations

Instructions

Select Yes or No to indicate whether your program engaged in or supported partnerships and collaborations during the reporting period. If Yes is selected, continue and complete Part A. If No is selected, the form is complete.

Part A. Partnerships and Collaborations

- i. Select the purpose of the partnership(s)/collaboration(s). This should be the main reason(s) for establishing, supporting, engaging in, and continuing partnership(s)/collaboration(s). Select all that apply.
- ii. For outputs: For each applicable partner/collaborator category, select all the types of partnership/collaboration that apply, and report the number of partnerships/collaborations in the reporting period. The number of partnerships/collaborations should be an unduplicated count. For example, if a program had multiple types of partnerships/collaborations with one Title V agency in the reporting period, the number of Title V partnerships would be one. If a program had partnerships with two Title V agencies, the number of Title V partnerships would be two. Partners/Collaborators can be organizations or individuals.

Comments: Enter any comments, if applicable.

Definitions:

Partnership and Collaboration refers to activities that build and strengthen connections between organizations and individuals with similar interests, missions, and activities to allow for information sharing, learning, and capacity building across organizations/individuals. These activities include creation or strengthening of relevant organizational relationships that serve to expand the capacity and reach of a program in meeting the needs of its MCH population. Partnerships and collaborations are intended to be mutually beneficial relationships for all parties involved. Programs that build partnerships and collaboration between organizations, but themselves are not active in or beneficiaries of the partnerships (for example, a TA center that sets up a peer-to-peer network but does NOT participate as a recipient or beneficiary), should not complete this form.

1. **During the reporting period, did your program engage in or support partnerships and collaboration to expand capacity and reach to meet the needs of the program's MCH population?**
- Yes, [complete Part A]
 No

A. Partnerships and Collaborations

- i. Purpose of partnerships/collaborations (*select all that apply*)
- Improve program quality
 - Increase reach of program activities or messaging
 - Increase funding or other resources to advance program goals
 - Increase political will/“buy-in” for program activities or goals
 - Establish or implement shared goals, activities, data collection, or measurement
 - Reach and engage communities/potential service recipients
 - Other (specify): _____

ii. Outputs: Types and numbers of partnerships and collaborations in reporting period, by partner/collaborator category

Partner/Collaborator Category	Type of partnership/collaboration (<i>select all that apply</i>)	Number of partnerships/collaborations for the partner/collaborator category in the reporting period
Title V	<input type="checkbox"/> Memoranda of understanding or other written agreements <input type="checkbox"/> Working groups or committees (including advisory boards, steering committees) <input type="checkbox"/> Peer-to-peer learning <input type="checkbox"/> Provider-to-provider consultations <input type="checkbox"/> Information-sharing networks <input type="checkbox"/> Shared resources (for example, funding, staff, etc.) <input type="checkbox"/> Referral and care coordination networks <input type="checkbox"/> Other (specify): _____	
Social service agency	<input type="checkbox"/> Memoranda of understanding or other written agreements <input type="checkbox"/> Working groups or committees (including advisory boards, steering committees) <input type="checkbox"/> Peer-to-peer learning <input type="checkbox"/> Provider-to-provider consultations <input type="checkbox"/> Information-sharing networks <input type="checkbox"/> Shared resources (for example, funding, staff, etc.) <input type="checkbox"/> Referral and care coordination networks <input type="checkbox"/> Other (specify): _____	

	Medicaid agency	<input type="checkbox"/> Memoranda of understanding or other written agreements <input type="checkbox"/> Working groups or committees (including advisory boards, steering committees) <input type="checkbox"/> Peer-to-peer learning <input type="checkbox"/> Provider-to-provider consultations <input type="checkbox"/> Information-sharing networks <input type="checkbox"/> Shared resources (for example, funding, staff, etc.) <input type="checkbox"/> Referral and care coordination networks <input type="checkbox"/> Other (specify): _____	
	Other state/local agencies	<input type="checkbox"/> Memoranda of understanding or other written agreements <input type="checkbox"/> Working groups or committees (including advisory boards, steering committees) <input type="checkbox"/> Peer-to-peer learning <input type="checkbox"/> Provider-to-provider consultations <input type="checkbox"/> Information-sharing networks <input type="checkbox"/> Shared resources (for example, funding, staff, etc.) <input type="checkbox"/> Referral and care coordination networks <input type="checkbox"/> Other (specify): _____	
	Health care providers/ clinical providers	<input type="checkbox"/> Memoranda of understanding or other written agreements <input type="checkbox"/> Working groups or committees (including advisory boards, steering committees) <input type="checkbox"/> Peer-to-peer learning <input type="checkbox"/> Provider-to-provider consultations <input type="checkbox"/> Information-sharing networks <input type="checkbox"/> Shared resources (for example, funding, staff, etc.) <input type="checkbox"/> Referral and care coordination networks <input type="checkbox"/> Other (specify): _____	
	Community/family groups	<input type="checkbox"/> Memoranda of understanding or other written agreements <input type="checkbox"/> Working groups or committees (including advisory boards, steering committees) <input type="checkbox"/> Peer-to-peer learning <input type="checkbox"/> Provider-to-provider consultations <input type="checkbox"/> Information-sharing networks <input type="checkbox"/> Shared resources (for example, funding, staff, etc.)	

		<input type="checkbox"/> Referral and care coordination networks <input type="checkbox"/> Other (specify): _____	
	Educational institutions	<input type="checkbox"/> Memoranda of understanding or other written agreements <input type="checkbox"/> Working groups or committees (including advisory boards, steering committees) <input type="checkbox"/> Peer-to-peer learning <input type="checkbox"/> Provider-to-provider consultations <input type="checkbox"/> Information-sharing networks <input type="checkbox"/> Shared resources (for example, funding, staff, etc.) <input type="checkbox"/> Referral and care coordination networks <input type="checkbox"/> Other (specify): _____	
	Health insurance (non-public)	<input type="checkbox"/> Memoranda of understanding or other written agreements <input type="checkbox"/> Working groups or committees (including advisory boards, steering committees) <input type="checkbox"/> Peer-to-peer learning <input type="checkbox"/> Provider-to-provider consultations <input type="checkbox"/> Information-sharing networks <input type="checkbox"/> Shared resources (for example, funding, staff, etc.) <input type="checkbox"/> Referral and care coordination networks <input type="checkbox"/> Other (specify): _____	
	Tribal entities	<input type="checkbox"/> Memoranda of understanding or other written agreements <input type="checkbox"/> Working groups or committees (including advisory boards, steering committees) <input type="checkbox"/> Peer-to-peer learning <input type="checkbox"/> Provider-to-provider consultations <input type="checkbox"/> Information-sharing networks <input type="checkbox"/> Shared resources (for example, funding, staff, etc.) <input type="checkbox"/> Referral and care coordination networks <input type="checkbox"/> Other (specify): _____	

	Federal partners	<input type="checkbox"/> Memoranda of understanding or other written agreements <input type="checkbox"/> Working groups or committees (including advisory boards, steering committees) <input type="checkbox"/> Peer-to-peer learning <input type="checkbox"/> Provider-to-provider consultations <input type="checkbox"/> Information-sharing networks <input type="checkbox"/> Shared resources (for example, funding, staff, etc.) <input type="checkbox"/> Referral and care coordination networks <input type="checkbox"/> Other (specify): _____	
	Other (specify): _____	<input type="checkbox"/> Memoranda of understanding or other written agreements <input type="checkbox"/> Working groups or committees (including advisory boards, steering committees) <input type="checkbox"/> Peer-to-peer learning <input type="checkbox"/> Provider-to-provider consultations <input type="checkbox"/> Information-sharing networks <input type="checkbox"/> Shared resources (for example, funding, staff, etc.) <input type="checkbox"/> Referral and care coordination networks <input type="checkbox"/> Other (specify): _____	

Comments: _____

Engagement of Persons with Lived Experience

Engagement of Persons with Lived Experience

Instructions

Select Yes or No to indicate whether your program supported engagement of family members and/or other persons with lived experience during the reporting period. If your program supported both, select Yes for both, and complete Part A and Part B. If your program only supported engagement of family members, select Yes for family members only and complete Part A. If your program only supported engagement of other persons with lived experience, select Yes for other persons with lived experience and complete Part B. If your program did not support either, select No and the form is complete.

Part A. Family Engagement

- i. For each engagement area, indicate whether your program engaged family members during the reporting period and, if yes, enter the number of family members engaged during the reporting period. Multiple individuals from within the same family unit should be counted separately (i.e., if a program engaged two parents, they should each be counted separately). The number engaged may be duplicated across rows (i.e., if a family member is engaged in both Program Development, Planning and Evaluation, as well as Leadership Training, the family member would be counted in each row).
- ii. If able, complete the table and fill in each of the cells as appropriate. This item is optional. The unduplicated row totals for race and ethnicity will be auto-calculated and may not align with the duplicated numbers presented in Table A.i. When reporting data pertaining to participants' race, ethnicity, or membership in social or demographic groups—particularly groups those that are underrepresented—awardees should ensure that those data are accurate and collected validly and sensitively. Do not infer or guess individuals' membership in a particular group.
- iii. If able, enter the number engaged during the reporting period from other demographic groups that are underrepresented (for example, underrepresented factors include sexual orientation, gender identity, income/socioeconomic status, health status/disability, age, language, geography). This item is optional and should only be completed if data are collected in a valid manner that recognizes the sensitive nature of these topics.
- iv. Select Yes or No to indicate if family members were compensated for their engagement during the reporting period. Select Yes if at least one family member was compensated. If yes, and if able, enter the number of family members compensated; the item for number of family members compensated is optional.
- v. Select Yes or No to indicate whether engaging family members resulted in any changes to your program. If yes, select all the ways engagement resulted in changes to your program. Note that the form does not require you to measure or quantify the degree of change, only that it occurred. Select all that apply.

Part B. Other Persons with Lived Experience Engagement

- i. For each engagement area, indicate whether your program engaged other persons with lived experience during the reporting period and, if yes, enter the number of other persons with lived experience engaged during the reporting period. The number engaged may be duplicated across rows (i.e., if a person with lived experience is engaged in both Program Development, Planning and Evaluation, as well as Leadership Training, the person would be counted for each row).
- ii. Indicate the population categories of persons with lived experience that the program engaged. Select all that apply.
- iii. If able, complete the table and fill in each of the cells as appropriate. This item is optional. The unduplicated row totals for race and ethnicity will be auto-calculated and may not align with the duplicated numbers presented in Table B.i. When reporting data pertaining to participants' race, ethnicity, or membership in social or demographic groups—particularly groups those that are underrepresented—awardees should ensure that those data are accurate and collected validly and sensitively. Do not infer or guess individuals' membership in a particular group.
- iv. If able, enter the number engaged during the reporting period from other demographic groups that are underrepresented (for example, underrepresented factors include sexual orientation, gender identity, income/socioeconomic status, health status/disability, age, language, geography). This item is optional and should only be completed if data are collected in a valid manner that recognizes the sensitive nature of these topics.

- v. Select Yes or No to indicate if persons with lived experience were compensated for their engagement during the reporting period. Select Yes if at least one person with lived experience was compensated. If yes, and if able, enter the number of persons with lived experience compensated; the item for number of persons with lived experience compensated is optional.
- vi. Select Yes or No to indicate whether engaging other persons with lived experience resulted in any changes to your program. If yes, select all the ways engagement resulted in changes to your program. Note that the form does not require you to measure or quantify the degree of change, only that it occurred. Select all that apply.

Comments: Enter any comments, if applicable.

Definitions:

Persons with Lived Experience refers to individuals with knowledge and experience on health or social issues relevant to a particular program that is gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people.¹ Community-based organizations, for example, would not be included under this definition. For the purposes of this form, engagement of persons with lived experience is measured through two categories: “Family Engagement” and “Other Persons with Lived Experience.” Family members often navigate systems and services on behalf of individuals, so their lived experience is collected separately. Therefore, for data collection purposes, the term “Other Persons with Lived Experience” is used to delineate from family engagement and avoid duplicated counts.

Family Engagement: Family members include individuals in traditional or non-traditional family structures and may include biological, foster, or adoptive parents and/or siblings, spouses or partners, or members of an extended family. These family members have lived experience through their first-hand knowledge of navigating systems and services either on behalf of a family member or for the family as a whole (for example, parents of infants and toddlers, family members of children and youth with special health care needs, etc.). Family engagement refers to family members serving as representatives or leaders who build and strengthen programs and systems rather than being the direct recipient of services.

Other Persons with Lived Experience: This subcategory excludes family members, as defined above. Engaging other individual persons with lived experience entails actively and intentionally seeking and implementing input from individuals with personal knowledge pertaining to the issue the program is trying to address. For the purpose of this form, individuals with lived experiences represent their own personal history and experience navigating systems and services for themselves, rather than on behalf of a family member. Examples of persons with lived experience include self-advocates or individuals with direct experience on a health issue (for example, youth self-advocates with special health care needs, pregnant or postpartum persons, individual community members affected by a public health emergency, etc.).

1. Chandler, D., & Munday, R. (2016). Oxford: A dictionary of media and communication (2nd ed.). New York, NY: Oxford University Press.

1. During the reporting period, did your program support engagement of persons with lived experience?
(select all that apply)

- Yes, engaged with or supported **family members** to expand the capacity and reach of a program in meeting the needs of the program’s MCH population [*complete Part A*]
- Yes, engaged with or supported **other persons with lived experience** to expand the capacity and reach of a program in meeting the needs of the program’s MCH population [*complete Part B*]
- No

A. Family Engagement

i. Number engaged in the reporting period, by engagement area

Engagement Area	Has your program engaged family members in this engagement area in the reporting period?	Number engaged in the reporting period
Program Development, Planning, and Evaluation Family members participate in and provide feedback on the planning, implementation, and/or evaluation of the program (for example, strategic planning, program planning, materials development, program activities, teaching, mentoring, measurement, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Leadership Training Within your program, family members are trained or mentored for leadership roles (for example, advisory committees, task forces, teaching, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Active Leadership Within your program, family members have leadership roles on advisory committees or task forces.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ii. Number engaged by race and ethnicity in the reporting period (OPTIONAL)	RACE	ETHNICITY										
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unknown/Unrecorded	Total	Hispanic or Latino	Not Hispanic or Latino	Unknown/Unrecorded	Total

iii. Number engaged from other demographic groups that are underrepresented (for example, underrepresented factors include sexual orientation, gender identity, income/socioeconomic status, health status/disability, age, language, geography), in the reporting period (OPTIONAL)	Number engaged from other underrepresented groups

iv. In the reporting period, were family members compensated for their engagement (for example, paid faculty or staff, consultants, honoraria, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, number compensated in the reporting period? (OPTIONAL)	Number compensated in the reporting period

v. In the reporting period, did engagement of family members result in any changes to your program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, as a result of engaging family members, what did the program achieve in the reporting period? (<i>select all that apply</i>)	<input type="checkbox"/> Influenced focus or priorities of programming <input type="checkbox"/> Improved program quality <input type="checkbox"/> Increased reach of the program's messaging <input type="checkbox"/> Increased enrollment or participation in program activities

- Increased funding or other tangible resources to advance program goals
- Increased community will/“buy-in” for program activities or goals
- Established or implemented shared goals, activities, or measurement
- Other (specify): _____

B. Other Persons with Lived Experience Engagement

i. Number engaged in the reporting period, by engagement area

Engagement Area	Has your program engaged other persons with lived experience in this engagement area in the reporting period?	Number engaged in the reporting period
Program Development, Planning, and Evaluation Other persons with lived experience participate in and provide feedback on the planning, implementation and/or evaluation of the program (for example, strategic planning, program planning, materials development, program activities, teaching, mentoring, measurement, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Leadership Training Within your program, other persons with lived experience are trained or mentored for leadership roles (for example, advisory committees, task forces, teaching, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Active Leadership Within your program, other persons with lived experience have leadership roles on advisory committees or task forces.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

- ii. Were the other persons with lived experience from any of the following population categories? *(select all that apply)*
- Children, adolescents, young adults (age 1-25)
 - Children, adolescents, and young adults (age 1-25) with special health care needs
 - Pregnant/postpartum persons
 - Non-pregnant women (age 26+)
 - Men (age 26+)
 - Representatives from community of interest
 - Self-advocates
 - Other (specify): _____

iii. Number engaged by race and ethnicity in the reporting period **(OPTIONAL)**

RACE							ETHNICITY				
American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unknown/Unrecorded	Total	Hispanic or Latino	Not Hispanic or Latino	Unknown/Unrecorded	Total

iv. Number engaged from other demographic groups that are underrepresented (for example, underrepresented factors include sexual orientation, gender identity, income/ socioeconomic status, health status/disability, age, language, geography), in the reporting period **(OPTIONAL)**

Number engaged from other underrepresented groups

v. In the reporting period, were other persons with lived experienced compensated for their engagement (for example, paid faculty or staff, consultants, honoraria, etc.)?

- Yes
- No

a. If yes, number compensated in the reporting period
(OPTIONAL)

Number compensated in the reporting period

vi. In the reporting period, did engagement of other persons with lived experience result in any changes to your program?

- Yes
- No

a. If yes, as a result of engaging other persons with lived experience, what did the program achieve? *(select all that apply)*

- Influenced focus or priorities of programming
- Improved program quality
- Increased reach of the program's messaging
- Increased enrollment or participation in program activities
- Increased funding or other tangible resources to advance program goals
- Increased community will/"buy-in" for program activities or goals
- Established or implemented shared goals, activities, or measurement
- Other (specify): _____

Comments: _____

Technical Assistance

Technical Assistance

Instructions

Select Yes or No to indicate whether your program provided technical assistance (TA) during the reporting period. If Yes is selected, continue and complete Part A and Part B. If No is selected, the form is complete.

Part A. Technical Assistance

- i. Select the subject area(s) of the most significant TA activities during the reporting period. Select all that apply. If the specific subject area of your TA is not listed, select the subject area closest to your subject area. If none of the subject areas are close to your subject area, select “none of the above.”
- ii. Select the topic area(s) of the most significant TA activities during the reporting period. Select all that apply. If the specific topic area of your TA is not listed, select the topic area closest to your topic area. If none of the topic areas are close to your topic area, select “none of the above.” You may select a subtopic without also selecting the corresponding general topic. For example, you may select “Newborn Screening” without selecting “Early Childhood”. In addition, you may select only the general topic if none of the subtopics apply.
- iii. For outputs:
 1. a. Enter the total number of TA activities provided during the reporting period.
b. Enter the total number of TA recipients during the reporting period. This number may be duplicated (i.e., a recipient participates in more than one TA activity and is counted more than once), though an unduplicated count is encouraged if possible.
c. Enter the total number of organizations assisted during the reporting period. If there were multiple TA recipients from one organization, the organization should only be counted once. This should be an unduplicated count.
 2. Enter the number of TA activities provided during the reporting period to each target audience. Complete for applicable target audiences. TA activities should be counted at the level of the organization. For example, if three individuals from a Title V agency attend the same TA activity, then there would be one TA activity for Title V counted. If three individuals from a Title V agency attend three different TA activities, then there would be three TA activities for Title V counted. The total number of activities in this column may sum to more than the number reported in 1.a., as multiple audiences may participate in the same TA activity.
 3. Enter the number of TA activities provided during the reporting period by TA method of the activity. Complete for applicable methods. Methods are listed in order of intensity, from most intensive to least intensive TA method. The total number of activities in this column should sum to the number reported in 1.a.

Part B. Satisfaction with TA

- i. Select Yes or No to indicate whether your program collected data on TA participant satisfaction during the reporting period. If Yes is selected, enter the number of recipients reporting that they were satisfied by TA and the total number of TA participants asked about satisfaction that provided a response. Satisfaction with TA is defined by the program. If No is selected, the form is complete.

Comments: Enter any comments, if applicable.

Definitions:

Technical Assistance (TA) includes a range of targeted support activities that build skills or capacities and increase knowledge, with the intention to address organizational needs or accelerate programmatic outcomes. TA is the process of providing guidance, assistance, and training by an expert with specific technical/content knowledge to address an identified need. TA relationships are program- or initiative-focused, and may use an interactive, on-site/hands-on approach, as well as telephone or email assistance.

Differentiation between Training and Workforce Development, Technical Assistance, and Outreach and Education:

Activity	Is the Purpose of the Activity to Address Needs at the Individual, Organizational, or General Population Level?	Recipient Level	Goal	Included Activities
Training and Workforce Development	Individual trainees or practicing MCH workforce professionals	Individual trainees or practicing MCH workforce professionals	To improve the knowledge, skills, and capacity of future and practicing MCH workforce members	<ul style="list-style-type: none"> - Undergraduate, graduate and post-graduate education and training - Continuing education - Applied learning - ECHO, if it includes training sections
Technical Assistance	Organizational	Individual(s) in the organization	To improve the knowledge and skills of organizational members in order to meet organizational outcomes	<p>Provide support, training, education, etc. with the intent of facilitating and achieving <u>organizational</u> goals and outcomes.</p> <p>Activities</p> <ul style="list-style-type: none"> - Training - TA - Site visits - Collaborative networks - Running peer-to-peer forums
Outreach and Education	General population	Individuals in the population at large	To improve knowledge of the target population by providing information, messaging, and discussion.	<p>Provide information and messaging to MCH populations through more generalized and passive mechanisms. (If program funds are used to create resources and tools, but not provide direct one-on-one support and contact, this would count here).</p> <p>Activities</p> <ul style="list-style-type: none"> - Public health campaigns - Educational pamphlets, fact sheets, etc. - Webinars available to the public

1. During the reporting period, did your program provide technical assistance (TA)?

- Yes [complete Part A and Part B]
- No

A. Technical Assistance

i. Subject area(s) of your most significant TA activities in the reporting period (*select all that apply*)

- Clinical Care Related (including medical home)
- Equity, Diversity, or Cultural Responsiveness Related
- Data, Research, Evaluation Methods
- Family Involvement
- Interdisciplinary Teaming
- Health Care Workforce Leadership
- Policy
- Systems Development/Improvement (including capacity building, planning, and financing)
- Emerging Issues _____
- None of the above

ii. Topics of your most significant TA activities in the reporting period (*select all that apply*)

- Early Childhood
 - Newborn Screening
 - Safe Sleep
 - Developmental Health (including developmental screening)
- Adolescent Health
- Maternal Health
 - Maternal Mortality
 - Perinatal/Postpartum Care
 - Breastfeeding
 - Maternal Depression
- Children, Adolescents, and Young Adults with Special Health Care Needs
- Developmental Disabilities
- Mental/Behavioral Health
 - Autism
 - Substance Use Disorder(s)
- Clinical Care
- Sickle Cell Disease
- Heritable Disorders (excluding sickle cell)
- Epilepsy
- Fetal Alcohol Syndrome

- Oral Health
- Medical Home
- Health Care Transition
- Immunizations
- Injury Prevention
 - Poison/Toxin Exposure
- Child Maltreatment
- Emergency Services for Children
 - Emergency Preparedness
- Health Equity
- Social Determinants of Health
- Telehealth
- Preventive Services
- Obesity
- Health Insurance
- Nutrition
- Respiratory Health
- Life Course Approach
- None of the above

iii. Outputs

1. Number of TA activities, recipients, and organizations assisted in the reporting period
 - a. Total number of TA activities ____
 - b. Total number of TA recipients ____
 - c. Total number of organizations assisted ____

2. Number of TA activities in the reporting period, by target audience

Target Audience	Number of TA Activities <i>(total may sum to more than reported in 1.a. as activity could be provided to multiple audiences)</i>
Title V	
Social service agency	
Medicaid agency	
Other state/local agencies	
Health care providers/clinical providers	
Community/family groups	
Educational institutions	
Health insurance (non-public)	
Tribal entities	
Federal partners	
Other (specify)	
Unknown	

3. Number of TA activities in the reporting period, by TA method

Method <i>(listed by order of relative intensity of method, from most intensive to least intensive)</i>	Number of TA Activities <i>(must sum to total reported in 1.a.)</i>
One-on-one consultation, training, or site visits	
Group consultation or training (for example, workshops, continuing education courses, etc.)	
Peer-to-peer networks or collaborative networks	
Presentations (for example, webinars, invited speaking engagements, etc.)	

B. Satisfaction with TA

i. Did you collect data regarding recipient satisfaction with TA in the reporting period?

- Yes
 No

1. If yes, number/percent of TA recipients who reported they were satisfied

- a. Number of TA recipients asked about satisfaction who provided a response, in the reporting period ____
 b. Number of TA recipients who reported they were satisfied with TA provided, in the reporting period ____
 c. Percent satisfied (auto-calculated) ____

Comments: _____

Outreach and Education

Outreach and Education

Instructions

Select Yes or No to indicate whether your program provided outreach and education during the reporting period. If Yes is selected, continue and complete Part A and Part B. If No is selected, the form is complete.

Part A – Outreach and Education: Information on outreach and education activities, excluding information on web and social media analytics (captured in Part B).

- i. Select the mechanism(s) used to provide outreach and education during the reporting period. Select all that apply.
- ii. Select the subject area(s) covered by outreach and education activities during the reporting period. Select all that apply. If the specific subject area of your outreach and education is not listed, select the subject area closest to your subject area. If none of the subject areas are close to your subject area, select “none of the above.”
- iii. Select the topic area(s) covered by outreach and education activities during the reporting period. Select all that apply. If the specific topic area of your outreach and education is not listed, select the topic area closest to your topic area. If none of the topics are close to your topic area, select “none of the above.” You may select a subtopic without also selecting the corresponding general topic. For example, you may select “Newborn Screening” without selecting “Early Childhood”. In addition, you may select only the general topic if none of the subtopics apply.
- iv. Enter the number of individuals (for example, participants, families, providers, etc.) reached by outreach and education activities. This may be a duplicated count of individuals.

Part B – Web and Social Media Analytics

- i. If applicable, enter the number of web hits, number of unique website visitors, number of social media views, and number of unique viewers of social media content for outreach and education materials and resources.

Comments: Enter any comments, if applicable.

Definitions:

Outreach and Education refers to activities to inform, generate interest, and provide more in-depth messaging on topics of interest. Outreach can be seen as a way to introduce the topic during brief interactions. Education can be seen as those activities that allow messaging and discussion to be tailored to individuals and small groups, as staff respond to questions and address concerns about a topic.

Differentiation between Training and Workforce Development, Technical Assistance, and Outreach and Education:

Activity	Is the Purpose of the Activity to Address Needs at the Individual, Organizational, or General Population Level?	Recipient Level	Goal	Included Activities

Training and Workforce Development	Individual trainees or practicing MCH workforce professionals	Individual trainees or practicing MCH workforce professionals	To improve the knowledge, skills, and capacity of future and practicing MCH workforce members	<ul style="list-style-type: none"> - Undergraduate, graduate and post-graduate education and training - Continuing education - Applied learning - ECHO, if it includes training sections
Technical Assistance	Organizational	Individual(s) in the organization	To improve the knowledge and skills of organizational members in order to meet organizational outcomes	<p>Provide support, training, education, etc. with the intent of facilitating and achieving <u>organizational</u> goals and outcomes.</p> <p>Activities</p> <ul style="list-style-type: none"> - Training - TA - Site visits - Collaborative networks - Running peer-to-peer forums
Outreach and Education	General population	Individuals in the population at large	To improve knowledge of the target population by providing information, messaging, and discussion.	<p>Provide information and messaging to MCH populations through more generalized and passive mechanisms. (If program funds are used to create resources and tools, but not provide direct one-on-one support and contact, this would count here).</p> <p>Activities</p> <ul style="list-style-type: none"> - Public health campaigns - Educational pamphlets, fact sheets, etc. - Webinars available to the public

1. During the reporting period, did your program provide outreach and education? Yes [complete Part A and Part B] No

A. Outreach and Education

(excluding web and social media analytics)

i. Mechanism of outreach/education (*select all that apply*)

- Webinars
- Educational materials
- Community/public events
- Conference presentations
- Other (specify): _____

ii. Subject area(s) of outreach/education (*select all that apply*)

- Clinical Care Related (including medical home)
- Equity, Diversity or Cultural Responsiveness Related
- Data, Research, Evaluation Methods
- Family Involvement
- Interdisciplinary Teaming
- Health Care Workforce Leadership
- Policy
- Systems Development/Improvement (including capacity building, planning, and financing)
- Emerging Issues _____
- None of the above

iii. Topics of outreach/education (*select all that apply*)

- Early Childhood
 - Newborn Screening
 - Safe Sleep
 - Developmental Health (including developmental screening)
- Adolescent Health
- Maternal Health
 - Maternal Mortality
 - Perinatal/Postpartum Care
 - Breastfeeding
 - Maternal Depression
- Children, Adolescents, and Young Adults with Special Health Care Needs
- Developmental Disabilities
- Mental/Behavioral Health
 - Autism
 - Substance Use Disorder(s)
- Clinical Care

- Sickle Cell Disease
- Heritable Disorders (excluding sickle cell)
- Epilepsy
- Fetal Alcohol Syndrome
- Oral Health
- Medical Home
- Health Care Transition
- Immunizations
- Injury Prevention
 - Poison/Toxin Exposure
- Child Maltreatment
- Emergency Services for Children
 - Emergency Preparedness
- Health Equity
- Social Determinants of Health
- Telehealth
- Preventive Services
- Obesity
- Health Insurance
- Nutrition
- Respiratory Health
- Life Course Approach
- None of the above

iv. Outputs # of individuals reached (duplicated count) _____

B. Web and Social Media Analytics
(complete applicable outputs)
of web hits _____
of unique website visitors _____
of social media views _____
of unique viewers of social media content _____

Comments: _____

Research

Research

Instructions

Select Yes or No to indicate whether your program conducted research and/or provided infrastructure support for research during the reporting period. If your program supported one or both, select Yes for the applicable supported activities (both Yes can be selected), and complete Part A. If your program did not conduct research or provide infrastructure support for research, select No and the form is complete.

Part A. Research and Infrastructure Support for Research

- i. Select the type(s) of research conducted or supported during the reporting period. Select all that apply.
- ii. Select the topic area(s) of research conducted or supported during the reporting period. Select all that apply. If the specific topic area of your research is not listed, select the topic area closest to your topic area. If none of the topics are close to your topic area, select “none of the above.” You may select a subtopic without also selecting the corresponding general topic. For example, you may select “Newborn Screening” without selecting “Early Childhood”. In addition, you may select only the general topic if none of the subtopics apply.
- iii. For outputs: Complete applicable outputs of your research in the reporting period.
 - a. For number of participants, complete the table and fill in each of the cells as appropriate. For reporting on children, adolescents, and young adults, EITHER report “Children, Adolescents, and Young Adults (age 1-25)” OR the subcategories of “Children and Adolescents (age 1-17)” and/or “Young Adults (age 18-25).” Children and youth with special health care needs (CYSHCN) should be reported as a subset of all infants and children ages 0 through 25. The count for CYSHCN will not be added to the overall total because their inclusion would result in a duplicated count. The row and column totals will be auto-calculated to capture total number of participants.
 - b. Researchers involved includes all principal investigators and co-investigators from across all MCHB-funded or supported studies.
 - c. Research network sites includes all sites where research is currently/actively being conducted.
 - d. The count of clinical practice guidelines (or other products that inform clinical practice) informed by research findings may include guidelines developed by non-awardees using awardee research.

Comments: Enter any comments, if applicable.

Definitions:

Research refers to activities that support the systematic investigation of topics related to the health of maternal and child health (MCH) populations. This includes programs that provide direct funding for research studies.

Infrastructure Support refers to providing resources, logistical support, or the coordination of services for researchers to conduct research and foster innovation (for example, research networks, etc.). A grantee can have both research and infrastructure support activities.

Intervention is defined as a manipulation of the subject or subject’s environment to modify one or more health-related biomedical or behavioral processes and/or endpoints or outcomes for MCH populations.

1. During the reporting period, did your program conduct research or provide infrastructure support for research? (select all that apply)

- Yes, conducted research [complete Part A]
- Yes, provided infrastructure support for research [complete Part A]
- No

A. Research and Infrastructure Support for Research

i. Type(s) of research conducted or supported in the reporting period (select all that apply)

- Intervention research
- Other primary research (for example, research that involves collection of own data, including experimental, quasi-experimental, observational studies, etc.)
- Secondary data analysis

ii. Topic(s) of research conducted or supported in the reporting period (select all that apply)

- Early Childhood
 - Newborn Screening
 - Safe Sleep
 - Developmental Health (including developmental screening)
- Adolescent Health
- Maternal Health
 - Maternal Mortality
 - Perinatal/Postpartum Care
 - Breastfeeding
 - Maternal Depression
- Children, Adolescents, and Young Adults with Special Health Care Needs
- Developmental Disabilities
- Mental/Behavioral Health
 - Autism
 - Substance Use Disorder(s)
- Clinical Care
- Sickle Cell Disease
- Heritable Disorders (excluding sickle cell)
- Epilepsy
- Fetal Alcohol Syndrome
- Oral Health
- Medical Home
- Health Care Transition

iii. Outputs for programs conducting or supporting research in the reporting period (complete applicable outputs)

- Immunizations
- Injury Prevention
 - Poison/Toxin Exposure
- Child Maltreatment
- Emergency Services for Children
 - Emergency Preparedness
- Health Equity
- Social Determinants of Health
- Telehealth
- Preventive Services
- Obesity
- Health Insurance
- Nutrition
- Respiratory Health
- Life Course Approach
- None of the above

- a. # of studies supported by MCHB funding _____
- b. # of participants recruited in intervention research studies (complete if selected *Intervention research in A.i. "Type of Research"*)
<TABLE BY POPULATION GROUPS AND RACE ETHNICITY>
- c. # of participants recruited in other primary research studies (complete if selected *Other primary research in A.i. "Type of Research"*)
<TABLE BY POPULATION GROUPS AND RACE ETHNICITY>
- d. # of individuals included in secondary data analyses (complete if selected *Secondary data analysis in A.i. "Type of Research"*)
<TABLE BY POPULATION GROUPS AND RACE ETHNICITY>
- e. # of researchers involved _____
- f. # of research network sites _____
- g. # of clinical practice guidelines (or other products that inform clinical practice) informed by research findings

- h. Have you provided technical assistance, responded to data requests, or participated in a joint project with a Title V agency?

Yes

No

i. # of external funding applications submitted ____

j. # of external funding applications awarded funding ____

Comments: _____

<TABLE BY POPULATION GROUPS AND RACE ETHNICITY>

	RACE							Total	ETHNICITY			
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unknown/Unrecorded		Hispanic or Latino	Not Hispanic or Latino	Unknown/Unrecorded	Total
Infants (age <1 year)												
Children, Adolescents, and Young Adults (age 1-25)												
Children and Adolescents (age 1-17)												
Young Adults (age 18-25)												
CYSHCN (age 0-25)												
Pregnant/postpartum persons (all ages)												
Non-pregnant women (age 26+)												
Men (age 26+)												
Families												
Other (specify):												
Unknown												
TOTALS												

If “Children, Adolescents, and Young Adults (age 1-25)”, “Children and Adolescents (age 1-17)”, and/or “Young Adults (age 18-25)” were included in research and reported in the tables above, please indicate the age range of children, adolescents, and/or young adults included.

to

Guidelines and Policy

Guidelines and Policy	
Instructions	
<p>Select Yes or No to indicate whether your program developed or increased the use of guidelines and/or policies during the reporting period. If your program supported both, select Yes for both, and complete Part A and Part B. If your program only focused on guidelines, select Yes for guidelines only and complete Part A. If your program only focused on policies, select Yes for policies and complete Part B. If your program did not support either, select No and the form is complete.</p>	
Part A. Guidelines	
i.	Select the level of intended change of the guideline(s). This indicates the level the guideline(s) targets and expects to see change. Select all that apply.
ii.	Complete applicable outputs for guideline development/usage during the reporting period.
Part B. Policies	
i.	Select the level of intended change of the policy(ies). This indicates the level the policy(ies) targets and expects to see change. Select all that apply.
ii.	Complete applicable outputs for policy development/usage during the reporting period.
Comments: Enter any comments, if applicable.	
Definitions:	
<p>Guidelines refer to activities that develop, modify, or implement guidelines within or between organizations and/or institutions, or at the local, state, or national level. Guidelines are guidance that is recommended but not mandatory (for example, Bright Futures, Women’s Preventive Services Initiative, etc.)</p>	
<p>Policies refer to activities that develop, modify, or implement policies within or between organizations and/or institutions, or at the local, state, or national level. Policies outline the requirements or rules that must be met. Policies frequently refer to standards or guidelines as the basis for their existence (for example, state policy that Medicaid cover recommended preventive services, etc.).</p>	
<p>1. During the reporting period, did your program develop or increase use of guidelines and/or policies (select all that apply)</p>	<p><input type="checkbox"/> Yes, guidelines <i>[complete Part A]</i></p> <p><input type="checkbox"/> Yes, policies <i>[complete Part B]</i></p> <p><input type="checkbox"/> No</p>
A. Guidelines	
<p>i. Level of intended change of guideline(s) <i>(select all that apply)</i></p>	<p><input type="checkbox"/> Organizational/institutional</p> <p><input type="checkbox"/> Local</p> <p><input type="checkbox"/> State</p> <p><input type="checkbox"/> National</p>
<p>ii. Outputs <i>[complete applicable outputs]</i></p>	<p>a. # of guidelines developed/proposed/modified in the reporting period _____</p> <p>b. # of guidelines implemented in the reporting period _____</p> <p>c. # implementing guidelines in the reporting period _____</p>

1. # of individuals/providers implementing guidelines _____
2. # of organizations implementing guidelines _____
3. # of localities (for example, city, county, etc.) implementing guidelines _____
4. # of states implementing guidelines _____

B. Policies

i. Level of intended change of the policy(ies) *(select all that apply)*

- Organizational/institutional
- Local
- State
- National

ii. Outputs
[complete applicable outputs]

- a. # of policies developed/proposed/modified in the reporting period _____
- b. # of policies implemented/passed in the reporting period _____
 1. # of organizations implementing/passing policies _____
 2. # of localities implementing/passing policies _____
 3. # of states implementing/passing policies _____

Comments: _____

Data and Information Systems

Data and Information Systems	
Instructions	
<p>Select Yes or No to indicate whether your program worked to improve the data collection practices of other organizations, data access, or data linkages during the reporting period. If your program supported all three, select Yes for all three, and complete Part A, Part B, and Part C. If your program only focused on data collection practices, select Yes for data collection only and complete Part A. If your program only focused on data access, select Yes for data access and complete Part B. If your program only focused on data linkages, select Yes for data linkages and complete Part C. If your program did not support any of the three, select No and the form is complete.</p>	
Part A. Improving Data Collection Practices	
<p>i. Select the activity(ies) conducted during the reporting period to improve another organization’s data collection practices. Select all that apply. If selected “facilitated submission of data to data collection system,” and if able, enter the number of entities submitting data during the reporting period. If the program supports multiple data collection systems, provide the cumulative number of entities submitting data across all systems. This number may be a duplicated count.</p>	
Part B. Improving Access to Data	
<p>i. Select the activity(ies) conducted during the reporting period to improve data access. Select all that apply. If selected “created datasets” and/or “increased public access to datasets,” and if able, enter the number of datasets created and/or number of times datasets were accessed during the reporting period. If there are multiple datasets accessed, provide the cumulative number of times the datasets were accessed across all data sets. This number may be a duplicated count.</p>	
Part C. Creating Data Linkages	
<p>i. Select the activity(ies) conducted during the reporting period to create data linkages. Select all that apply.</p>	
Comments: Enter any comments, if applicable.	
Definitions:	
<p>Data and Information System activities include activities that improve the ability of other organizations to collect, access, and link data across multiple systems and programs. The purpose of these activities is to improve the overall public health infrastructure and not individual program process improvement or quality improvement around data.</p>	
<p>1. During the reporting period, did your program work to improve other organizations’ data collection practices, access to data, or create data linkages? <i>(select all that apply)</i></p>	<p><input type="checkbox"/> Yes, program worked to improve data collection practices <i>[complete Part A]</i></p> <p><input type="checkbox"/> Yes, program worked to improve access to data <i>[complete Part B]</i></p> <p><input type="checkbox"/> Yes, program worked to create data linkages <i>[complete Part C]</i></p> <p><input type="checkbox"/> No</p>
A. Improving Data Collection Practices	
<p>i. Type of activity in the reporting period <i>(select all that apply)</i></p>	<p><input type="checkbox"/> Developed and/or tested new metrics for data collection</p> <p><input type="checkbox"/> Created standardized data collection forms or definitions for key terms</p>

- Developed/enhanced/maintained information technology systems to house data (including registries)
- Facilitated submission of data to data collection systems
 - 1. # of entities (for example, states, hospitals, partner centers, teams, etc.) submitting data to system _____
- Conducted data quality checks
- Identified and implemented interventions to improve data collection quality
- Facilitated the collection of disaggregated data based on race, ethnicity, sexual and gender minority, or other underrepresented demographics
- Other (specify): _____

B. Improving Access to Data

- i. Type of activity in the reporting period (*select all that apply*)
 - Created datasets or a common database for external use
 - 1. # created _____
 - Increased public access to datasets
 - 1. # of times dataset accessed (downloaded or requested) _____
 - Created or facilitated data use/exchange agreements
 - Other (specify): _____

C. Creating Data Linkages

- i. Type of activity in the reporting period (*select all that apply*)
 - Linked two or more separate datasets
 - Facilitated integration of two or more datasets
 - Other (specify): _____

Comments: _____

Quality Improvement and Evaluation

Quality Improvement and Evaluation	
Instructions	
<p>Select Yes or No to indicate whether your program implemented or participated in quality improvement (QI) initiatives and/or conducted evaluation activities during the reporting period. If your program supported both, select Yes for both, and complete Part A and Part B. If your program only implemented or participated in QI, select Yes only for QI and complete Part A. If your program only conducted evaluation activities, select Yes only for evaluation and complete Part B. If your program did not support either, select No and the form is complete.</p>	
Part A. Quality Improvement	
<p>i. Select Yes or No to indicate whether your program collected metrics to track QI during the reporting period.</p> <p>ii. Select what action has been taken as a result of the QI process during the reporting period. Select all that apply.</p>	
Part B. Evaluation	
<p>i. Select the type of evaluation activity that was conducted during the reporting period. Select all that apply.</p> <p>ii. Select how your program has used evaluation activities in the reporting period. Select all that apply.</p>	
Comments: Enter any comments, if applicable.	
Definitions:	
<p>Quality Improvement includes activities that use deliberate processes to improve the efficacy and impact of activities, programs, or systems (for example, PDSA cycles, etc.)</p> <p>Evaluation includes activities that systematically collect information to assess a project, program, or system's performance or outcomes.</p>	
<p>1. During the reporting period, did your program implement or participate in quality improvement (QI) initiatives, or conduct activities to evaluate a program's or system's performance or outcomes? (select all that apply)</p>	
	<input type="checkbox"/> Yes, implemented or participated in QI [<i>complete Part A</i>] <input type="checkbox"/> Yes, conducted activities to evaluate performance or outcomes [<i>complete Part B</i>] <input type="checkbox"/> No
A. Quality Improvement	
<p>i. Did you collect metrics to track improvement as part of the QI process in the reporting period?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>ii. What action have you taken as a result of the QI process in the reporting period?</p>	<input type="checkbox"/> Used findings to make improvements in your work (for example, improve existing services, ensure reaching the intended groups, review internal processes, etc.) <input type="checkbox"/> Used findings in your planning processes (for example, prioritize activities, identify unmet needs, scale-up of intervention, etc.) <input type="checkbox"/> Have not taken any action in the reporting period
B. Evaluation	
<p>i. Type of evaluation activity in the reporting period (<i>select all that apply</i>)</p>	<input type="checkbox"/> Evaluation plan and design <input type="checkbox"/> Evaluation of program processes and/or implementation <input type="checkbox"/> Evaluation of program outcomes and/or impact <input type="checkbox"/> Other (specify): _____

ii. How have you used the evaluation activities in the reporting period?
(select all that apply)

- Implemented evaluation plan/design
- Disseminated findings to stakeholders
- Used findings to make improvements in your work (for example, improve existing services, ensure reaching the intended groups, review internal processes, etc.)
- Used findings in your planning processes (for example, prioritize activities, identify unmet needs, scale-up of intervention, etc.)
- Have not used evaluation activities in the reporting period

Comments: _____