Pediatric Mental Health Care Access Program (PMHCA):
Reports and Measures for 2022 Awardees

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Last updated: November 2024

I.   Reporting Deadlines at a Glance

Reporting for Year 1	
Baseline Data	January 28, 2023
New Competing Performance Report	January 28, 2023
NCC Progress Report	June 16, 2023
Federal Financial Report	December 28, 2023
NCC Performance Report	January 28, 2024
Reporting for Year 2	
NCC Progress Report	June 17, 2024
NCC Performance Report	February 2, 2025
Federal Financial Report	December 28, 2024
Reporting for Year 3	
NCC Progress Report	June 16, 2025 (approximate)
NCC Performance Report	January 28, 2026 (approximate)
Federal Financial Report	December 28, 2025
Reporting for Year 4	
Project Period End Performance Report (Y4 only)	December 28, 2026 (approximate)
Final Comprehensive Report (summary of all 4 years)	December 28, 2026 (approximate)
Final Federal Financial Report (Y4 only)	December 28, 2026

Reporting Period	
Baseline[1]	September 30, 2021 – September 29, 2022
Year 1	September 30, 2022 – September 29, 2023
Year 2	September 30, 2023 – September 29, 2024
Year 3	September 30, 2024 – September 29, 2025
Year 4	September 30, 2025 – September 29, 2026

II.   Reports

Please note that all deliverables are submitted into HRSA's Electronic Handbooks (EHB) grants management system except for the Federal Financial Report (FFR) which is submitted into the Payment Management System (PMS). For difficulties using EHB, please call the EHB help desk at 877-464-4772. For difficulties using PMS, please call the PMS help desk at 877-614-5533. For other questions, please reach out to your HRSA Project Officer.

- **The New Competing Performance Report** is due in the Electronic Handbooks (EHB) within 120 days of award, by January 28, 2023.
    - o The New Competing Performance Report collects administrative data including the project abstract and partial data on Discretionary Grant Information System (DGIS) Performance Measures listed below.
- **The Non-Competing Continuation (NCC) Performance Report** is due in the EHB annually within 120 days of award. The first is due approximately January 28, 2024, and annually thereafter. Within 90 days from the end of the period of performance, a Project Period End Performance Report will be submitted on December 28, 2026. This report requires data from Year 4.
    - o The NCC Performance Report includes the DGIS Performance Measures listed below. The Notice of Funding Opportunity (NOFO) Performance Measures listed in the Reporting Measures Table are now included in Training Form 15. The GDT is an excel spreadsheet including guidance on the NOFO Performance Measures, the data points required for each measure, and can be used as a template to track data. Awardees are no longer required to submit the GDT for reporting purposes.
- **The Non-Competing Continuation (NCC) Progress Report** is due in the EHB approximately June 16, 2023, and annually thereafter. A final comprehensive report, which is a narrative summary of the five-year period of performance, will be submitted within 90 days from the end of the period of performance on December 28, 2026.
    - o The NCC Progress Report requires a narrative summary as specified in the NCC Progress Report Instructions. HRSA will share instructions at least 30 days prior to the deadline through the EHBs.
    - o The report includes project accomplishments, progress towards goals/objectives, staffing, technical assistance needs, subcontractors, linkages with programs, impact, diversity and health equity, detailed work plan for upcoming year, advisory board activities, information on telehealth referral database, sustainability efforts, and the following completed appendices: Estimated Unobligated Balance, Position Descriptions for New Project Positions, Biographical Sketches for New Personnel, Letters of Agreement, Advisory Board Roster/Minutes, Organizational Chart, and Other Relevant Documents Not Required Elsewhere.
- **The Federal Financial Report (FFR)** is due 90 days after the end of the budget period in the [Payment Management Services](#) (PMS) on December 28, 2023, and annually thereafter. At the time of submission or within 30 days after FFR submission, awardees can also submit a carryover request as a Prior Approval Request in the EHB.

III.   Reporting Measures

A.   Notice of Funding Opportunity (NOFO) Performance Measures

These measures will be collected in the DGIS Performance Reports through Training Form 15. Please refer to the PMHCA General Data Template (GDT) 2024 for additional guidance on these measures. Updated versions of the GDT and other reporting resources are located under Tools and Resources here.

1. Number of trainings held by topic, mechanism used (e.g., in-person, web-based).
2. Number and types of providers trained.
3. Number and types of providers participating in a statewide or regional pediatric mental health care access program.
4. Number and types of providers enrolled for and participating in consultation (teleconsultation or in-person) and care coordination support services.
5. Reasons for provider contact with the pediatric mental health team (e.g., psychiatric consultation, care coordination, or both; and suspected or diagnosed behavioral health conditions such as depression, anxiety, ADHD, Autism Spectrum Disorder).
6. Number of consultations (teleconsultations or in-person) and referrals provided to providers by the pediatric mental health team.
7. Number of consultations (teleconsultations or in-person) and referrals provided by each discipline type (e.g., psychiatrist, counselor, care coordinator) of the pediatric mental health team.
8. Number of children and adolescents, 0–21 years of age, for whom a provider contacted the pediatric mental health team for consultation (teleconsultations or in-person) or referral during the reporting period.
9. Percentage of children and adolescents, 0–21 years of age, for whom providers contacted the pediatric mental health team for consultation (teleconsultations or in-person) or referral during the reporting period, from rural and underserved counties.
10. Number of children or adolescents, ages 0-21 years of age, served through teleconsultation, who were recommended treatment by the participating provider, were recommended referral to behavioral health or support services, or were recommended both treatment by the participating provider and referral to behavioral health or support services.
11. **(Optional)** Number of children and adolescents, 0–21 years of age, for whom a provider contacted the pediatric mental health team, who received at least one screening for a behavioral health condition using a standardized validated tool.

[1] HRSA will collect baseline data on NOFO Performance Measures using the General Data Template in January 2022.

B. Discretionary Grant Information System (DGIS) Form Redesign Summary

MCHB programs will begin reporting on DGIS Redesigned Forms beginning with the Performance Report due January 2025. Detail sheets for all DGIS measures can be accessed at: Discretionary Grants Information System (DGIS).

Previous DGIS Form Name	Redesigned DGIS Form Name	DGIS User Guide	Changes
Form 6 – Project Abstract	Project Abstract[2]	Project Abstract User Guide	1. A new question (Project Director/Principal Investigator) was added under section I (Project Identifier Information) 2. Section IV (Domain Services Provided To) was removed 3. A new question about Grantee Organization Type was added to the redesigned form 4. A new question about Special Population(s) served was added to the redesigned form 5. Under Project Description or Experience to Date (V on old form, VI on redesigned form): Question #3 (about Healthy People 2030 objectives) and #6 (about Quality Improvement Activities) under Section A on the old form have been removed 6. Under Project Description or Experience to Date: Question #2 (about web hits and unique visitors) under Section B of the old form has been moved to the Outreach and Education form 7. Section VII. Key words are in a "select all that apply" format on the redesigned form 8. Section VII (Annotation) removed from redesigned form
Form 1	Financial Form[2]	Financial Form User Guide	1. Questions are no longer broken down to indicate where funding is coming from for each line item (Local, State, Program, Applicant/Grantee, Other) 2. Each Line (1-5) includes space for budgeted amount and expended amount for the reported budget period
Core 3: Health Equity – MCH Outcomes	Health Equity	Health Equity User Guide	1. The redesigned form asks about Project Description and Problem in **150** words or less; the old form asked about Problem in **50** words or less 2. Questions are no longer organized into "Tiers"

			3. In redesigned form, note changes in wording and response options of questions
			4. Addition of an optional question in redesigned form, "How has your program/organization created or maintained an internal culture of equity?"
			5. Tiers 3 and 4 are combined into question iv (under Section A) of redesigned form.
			6. The question "What are the related outcomes?" has been removed
Form 5; Form 7	Direct and Enabling Services[2]	Direct and Enabling Services User Guide	1. Data previously collected across Forms 5 and 7 have been consolidated into the "Direct and Enabling Services" Form.
			2. Awardees can now report Direct Services (if supported by HRSA funds) in this form instead of in the Comments section as in previous performance reports.
			3. Under the new "Enabling Services" section, awardees will report race/ethnicity and insurance information for children/adolescents for whom a provider contacted the program for consultation and/or care coordination support services. (Previously, awardees were instructed to report this under "Direct Services" because there was no place to include the demographic data on Enabling Services.)
			4. Form 5 Insurance categories have been changed to consolidate all public insurance types into one column.
			5. Form 7 Project Summary Data Lines 1-4 now collected through other forms or dropped from data collection entirely
			6. Form 7 Project Summary Data Line 5 aligns with the demographic tables included in the redesigned form for both the direct and enabling services sections
			7. New questions included to capture what types of direct and enabling services are provided
N/A	Partnerships and Collaborations[2]	Partnerships and Collaborations User Guide	1. Data related to Partnerships and Collaborations previously collected in conjunction with Technical Assistance information

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			2. Previous form question "Total Number of Technical Assistance/Collaboration Activities" replaced with "Number of partnerships/collaborations for the partner/collaborator category in the reporting period" 3. Previous form table collected information on "the 5-10 most significant technical assistance/collaborative activities in the past year" including the topic of technical assistance/collaboration, recipient of TA/collaborator, intensity of TA, and primary target audience. 4. Redesigned form consolidated this into "Types and numbers of partnerships and collaborations in reporting period, by partner/collaborator category"
TA/Collaboration	Technical Assistance[2]	Technical Assistance User Guide	1. Question reorganized and condensed to cover topic(s) of TA before number of TA activities 2. Table 1 separated into two separate tables (Tables 3 and 4 below) 3. Table 2 replaced with a "select all that apply" response option 4. Emerging issues questions incorporated into "subject area" response option 5. TA Satisfaction questions added in redesigned form
Continuing Education	Outreach and Education[2]	Outreach and Education User Guide	1. These forms are not direct counterparts, but several of the questions for the redesigned Outreach and Education form can be linked to similar questions in the Continuing Education form. 2. Counts for the various levels of CE conducted are no longer collected in the redesigned form. 3. New questions added to capture information about Education/Outreach activities 4. Subjects/Topics covered have been expanded from the previous form to include additional response options. 5. New question added to collect data on Web and Social Media Analytics

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CB8: Quality Improvement	Quality Improvement and Evaluation[2]	Quality Improvement and Evaluation User Guide	1. Questions are no longer organized into "Tiers" 2. Note changes in wording and response options of questions 3. Redesigned form updated the QI and Evaluation questions to provide more detail about the program efforts 4. Questions related to implementation removed
Training Form 15	Training Form 15[2]	Training Form 15 User Guide	1. "Doula" added as "Others" Provider Type category in Consultation and Training measures (Measures A.1.i and A.2.i) 2. Two new conditions added as response options in Question A.1.ii.c (Neurodevelopmental disorders; Social and environmental concerns) 3. Additional instruction added to Question A.2.ii.a: Topic focus of trainings and number of trainings per topic focus 4. "Hybrid" added as a response option to Question A.2.ii.b: Training mechanisms used 5. "Children and Adolescents – age unknown" category added to all tables in Section B, Individuals Served 6. "Pregnant or postpartum persons" category and subcategories replaced "Women (pregnant or postpartum)"
CB5: Scientific Publications	N/A	N/A	Information related to Products and Publications will be collected in the Progress Reports
Products, Publications, Submissions	N/A	N/A	Information related to Products and Publications will be collected in the Progress Reports
CB1: State Capacity	N/A	N/A	This form is no longer collected.
CB4: Sustainability	N/A	N/A	This form is no longer collected.
Adolescent Health 3: Screening for Major Depressive Disorder	N/A	N/A	This form is no longer collected.

[2] Several forms are combined into these PDF links, may need to scroll to find the specific one within the category of forms.

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IV. PMHCA Program Technical Assistance and Evaluation (via MCHB Contractors)

- **PMHCA Technical Assistance and Innovation Center (TAIC)**, JBS International, Inc.
  - Provides helpful webinars and resources on various topics related to the PMHCA and the [Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD)](#) programs. For a listing of upcoming and recorded PMHCA Technical Assistance Events and Resources – see https://mchb.jbsinternational.com/
  - Organizes the MMHSUD/PMHCA Annual Meeting.
    - Next (Virtual) Annual Meeting tentatively scheduled for June 2025.

- **PMHCA Evaluation Project**, JBS International, Inc.
  - Provides Evaluation Capacity Building Webinars to PMHCA/MMHSUD awardees. Webinar recordings available here: [HRSA MCHB Evaluation Capacity Building Event Recordings | JBS International, Inc.](#)
  - Conducts a national process and outcome evaluation of the PMHCA/MMHSUD programs. Awardees are required to participate in evaluation data collection activities as indicated in the following table.

- **PMHCA National Impact Study**, JBS International, Inc.
  - Determines how the presence of PMHCA programs improve access to and receipt and utilization of behavioral health care and behavioral health-related impacts.
  - Conducts a cost benefit analysis to examine cost-effectiveness of the PMHCA program.
  - Organizes an annual webinar for PMHCA awardees to share progress and updates.

HRSA MCHB Evaluation Data Collection Activities Summary			
Data Collection Activity	**Participant**	**Sample Topics**	**Anticipated Administration***
Program Implementation Survey	Project Director (PD) or Principal Investigator (PI)	Program implementation activities, health professional [HP] recruitment and enrollment, HP training, behavioral health (BH) consultation, and care coordination support.	Spring 2023 Spring 2024 Spring 2025
Program Implementation Semi- Structured Interview (SSI)	PD or PI	Program implementation topics to complement and expand on data collected in the Program Implementation surveys.	Fall-Winter 2025
Health Professional Survey	Enrolled/ Participating HPs	HP training, how the programs meet their consultation and care coordination support needs, access to consultations and referrals, and capacity to address behavioral health.	Fall 2023 Spring 2024 Spring 2025
Practice-Level Survey	Office managers/office leadership	Enrolled/participating practices' BH screening, consultation, treatment, and referral practices; community linkages; business processes; and financial sustainability.	Fall 2023 Spring 2024 Spring 2025

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Community-Based and Other Resources SSI	Up to 50 community resource partner representatives across all PMHCA and MMHSUD programs	Collaboration/involvement with the awardee program and impacts of collaboration, and health equity.	Spring 2025
Champion SSI	One program champion per program	Program involvement, program implementation, communications/outreach, program outcomes, and health equity.	Fall 2025
Care Coordinator SSI	One care coordinator per program	Care coordination processes, communication/collaboration, accessing resources, referral services, and health equity.	Summer 2024 Summer 2025
BH Consultation Provider SSI	One BH consultation provider per program	BH consultation processes and requests, health equity, and program usefulness.	Summer-Fall 2025
Impact Study			
Health Professional Impact Survey	Enrolled/ Participating HPs	- Examines their experiences with screening, diagnosing, and referring children/adolescents with BH conditions and their perception of BH impact - Collects HPs' first and last names and ZIP Codes to link their data with other data sources (e.g., Medicaid)	Fall 2024 Fall 2025
Family/Caregiver Focus Group Discussion	Families and caregivers recruited by PMHCA programs	-Engages families/caregivers who have sought and/or received BHC services for their child/adolescent -Covers their experiences with BHC access, receipt, utilization, satisfaction, and impact on their child/adolescent	Winter 2024-2025

V. PMHCA Awardee and Project Director List

VI. Appendix: DGIS Forms

Project Abstract

Project Abstract
Instructions

Section I – Project Identifier Information: These items will be auto-populated.

Section II – Budget: These figures will be auto-populated from Financial Form, Lines 1 through 4.
- New Competing Performance Report: will auto-populate the budgeted amount for the first budget period.
- Non-Competing Continuation Performance Reports and Project Period End Report: will auto-populate the budgeted amount from the prior performance report.

Section III – Types of Services
Indicate which type(s) of services your project provides, checking all that apply. For each type of service selected, indicated the percent of the Budget that is dedicated to that type of service (if you do not know the exact percent, provide your best estimate). Percents for all three service types should sum to 100%.

Comments: Enter any comments, if applicable.

Definitions:
Direct Services are preventive, primary, or specialty clinical services for which MCHB program funds are used to reimburse or fund providers for these 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. Examples include, but are not limited to the following, paid for with program funds: 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, medical foods, dental care, and vision care.

Enabling Services are non-clinical services (i.e., not included as direct or public health services) that enable individuals to access health care and improve health outcomes where MCHB program funds are used to finance these services. Enabling services include, but are not limited to: case management, care coordination, referrals, translation/interpretation, transportation, eligibility assistance, health education for individuals or families, environmental health risk reduction, health literacy, and beneficiary outreach. Reporting on enabling services should NOT include the costs for enabling services that are reimbursed by Medicaid, CHIP, or other public and private payers. Enabling services may include salary and operational support to a clinic that enable individuals to access health care or improve health outcomes. Examples include the salary of a public health nurse who provides prenatal care in a local clinic or compensation provided to a specialist pediatrician who provides services for children with special health care needs. In both cases the direct services might still be billed to Medicaid or other insurance, but providing for the availability of the provider enables individuals to access the services, and therefore counts as enabling services.

Public Health Services and Systems are activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development, and the 10 essential public health services. Examples include the development of standards and guidelines, needs assessment, program planning, implementation, and evaluation, policy development, quality assurance and improvement, workforce development, population-based outreach and education, and research.

Section IV – Grantee Organization Type: Choose the one that best applies to your organization.

Section V – Special Population(s) Served: If your program directly targets or serves any of the special populations listed, please select the population(s) that apply.

Section VI – Project Description OR Experience to Date (DO NOT EXCEED THE SPACE PROVIDED)

A. Project description, new projects only:

    1.   A brief description of the project and the problem it addresses, such as preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children; and services for children with special health care needs.

    2.   Displays up to 5 objectives of the program. The objectives are auto-populated with the objectives from the Notice of Funding Opportunity (NOFO). For each objective, describe the project activities used to reach objectives, and comment on innovation, cost, and other characteristics of the methodology that are proposed or are being implemented. Lists with numbered items can be used in this section.

    3.   Describe the coordination planned and carried out, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.

    4.   Briefly describe the evaluation methods that will be used to assess the success of the project in implementing activities and attaining its objectives.

B. Experience to date:

    1.   For each program objective, select Yes or No to indicate if measurable progress towards the objective was made during the reporting period. Provide data and a brief description that supports the Yes/No selection (not to exceed 200 words).

Section VII – Key Words

Select the key words to describe the project. Choose key words from the included list. Select all that apply. If a key word is not listed, select Other and specify key word(s). You may select a sub-key word without also selecting the corresponding general key word. For example, you may select "Early Childhood - Newborn Screening" without selecting "Early Childhood - General". In addition, you may select only the general key word if none of the sub-key words apply.

Comments: Enter any comments, if applicable.

I.   **PROJECT IDENTIFIER INFORMATION**

    1. Project Title: _____
    2. Project Number: _____
    3. Project Director/Principal Investigator as show on NoA: _____
    4. E-mail Address: _____

II.   **BUDGET**

    1. MCHB Grant Award $_____
        (Line 1, Financial Form)
    2. Matching Funds (if applicable) $_____
        (Line 2, Financial Form)
    3. Other Project Funds $_____
        (Line 3, Financial Form)
    4. Total Project Funds $_____
        (Line 4, Financial Form)

III.   **TYPE(S) OF SERVICE PROVIDED** *(select all that apply)*

    ☐ Direct Services
        Percent of Budget for Direct Services ____
    ☐ Enabling Services
        Percent of Budget for Enabling Services ____
    ☐ Public Health Services and Systems
        Percent of Budget for Public Health Services and Systems ____

IV.   GRANTEE ORGANIZATION TYPE
☐ State Agency
☐ Community Government Agency
☐ School District
☐ University/Institution of Higher Learning (Non-Hospital Based)
☐ Academic Medical Center
☐ Community-Based Non-Governmental Organization (Health Care)
☐ Community-Based Non-Governmental Organization (Non-Health Care)
☐ Professional Membership Organization (Individuals Constitute Its Membership)
☐ National Organization (Other Organizations Constitute Its Membership)
☐ National Organization (Non-Membership Based)
☐ Independent Research/Planning/Policy Organization
☐ Other (specify) _____

V.   SPECIAL POPULATION(S) SERVED *(select all that apply)*
☐   Uninsured
☐   Homeless
☐   Rural
☐   Tribal

VI.   PROJECT DESCRIPTION OR EXPERIENCE TO DATE
A.   Project description, new projects only:

1.   Project Description and Problem *(In 150 words or less, briefly describe the problem that your project addresses)*:

2.   Program Objectives and Key Project Activities: *(Objectives auto-populated from the NOFO objectives. For each objective, list project activities used to reach objective, and comment on innovation, cost, and other characteristics of the methodology, proposed or are being implemented)*
Objective 1:
Related Activity 1:
Related Activity 2:
Objective 2:
Related Activity 1:
Related Activity 2:
Objective 3:
Related Activity 1:
Related Activity 2:
Objective 4:
Related Activity 1:
Related Activity 2:
Objective 5:
Related Activity 1:
Related Activity 2:

3.   Coordination (List the state, local, or other organizations involved in the project and briefly describe their roles):

4.   Evaluation *(Briefly describe the methods which will be used to determine whether process and outcome objectives are met; be sure to tie to evaluation requirements from NOFO)*:

B.   Experience to date:

    1.   Progress Towards Objectives to Date:
        a.   Did you make measurable progress towards Objective 1 in the reporting period?
        ☐ Yes ☐ No
          i.   Provide data that support this: _____

        b.   Did you make measurable progress towards Objective 2 in the reporting period?
        ☐ Yes ☐ No
          i.   Provide data that support this: _____

        c.   Did you make measurable progress towards Objective 3 in the reporting period?
        ☐ Yes ☐ No
          i.   Provide data that support this: _____

        d.   Did you make measurable progress towards Objective 4 in the reporting period?
        ☐ Yes ☐ No
          i.   Provide data that support this: _____

        e.   Did you make measurable progress towards Objective 5 in the reporting period?
        ☐ Yes ☐ No
          i.   Provide data that support this: _____

VII.   KEY WORDS *(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
☐ Other (specify): _____

Comments: _____

Financial Form

Financial Form
Instructions
Line 1 – **MCHB Grant Award Amount:** Enter the amount of the Federal MCHB grant award for this project.   **Line 2** – **Required Matching Funds:** If <u>matching funds are required</u> for this grant program list the total amount of matching funds. These can include local, state, program, applicant/grantee, or other funds. Where appropriate, include the dollar value of in-kind contributions.   **Line 3** – **Other Project Funds:** Enter the total amount of other funds received for the project. These can include local, state, program, applicant/grantee, or other funds leveraged. Also include the dollar value of in-kind contributions.   **Line 4** – **Total Project Funds:** Displays the sum of lines 1 through 3, which is auto-calculated.   **Line 5** – **Federal Collaborative Funds:** Enter the total amount of other Federal funds received other than the MCHB grant award for the project. Such funds include those from other Departments, other components of the Department of Health and Human Services, or other MCHB grants or contracts.   For all lines: • New Competing Performance Report: enter the budgeted amount for the first budget period   • Non-Competing Continuation Performance Reports: enter the expended amount for the prior budget period and the budgeted amount for the upcoming budget period   • Project Period End Report: enter the expended amount for the last budget period   **Comments:** Enter any comments, if applicable.

		Budget Period ___		Budget Period ___	
		Budgeted	Expended	Budgeted	Expended
1.	**MCHB GRANT AWARD AMOUNT**	$ ___	$ ___	$ ___	$ ___
2.	**REQUIRED MATCHING FUNDS** (Are matching funds required? Yes ☐ No ☐ If yes, please enter amount)	$ ___	$ ___	$ ___	$ ___
3.	**OTHER PROJECT FUNDS** (Not included in Line 1 or Line 2 above)	$ ___	$ ___	$ ___	$ ___
4.	**TOTAL PROJECT FUNDS** (Total of Lines 1 through 3)	$ ___	$ ___	$ ___	$ ___
5.	**FEDERAL COLLABORATIVE FUNDS** (Additional federal funds contributing to the project)	$ ___	$ ___	$ ___	$ ___

Comments: _____

Health Equity

Health Equity
Instructions
Select Yes or No to indicate whether your program advanced health equity during the reporting period. If Yes is selected, continue and complete Part A. If No is selected, the form is complete. **Part A. Health Equity** i. Select the MCHB funded activity/activities that were conducted <u>through your programming</u> during the reporting period to advance health equity. Select all that apply. ii. Select the MCHB funded activity/activities that your program/organization conducted <u>internally</u> during the reporting period to create or maintain an internal culture of equity. Select all that apply. If none of the options are close to the topic of your activity, select "Other" and specify. This question is optional; if internal activities were not conducted, you may skip this question. iii. Select which equity topics your activities (through programming and/or internally) targeted and/or covered. If the specific equity topic of your activity is not listed, select the topic area closest to your topic area. Select all that apply. If none of the equity topics are close to the equity topic of your activity, select "Other" and specify. iv. Select Yes or No to indicate if your program has established stated goals/objectives for health equity. Goals/objectives should have specific health equity components. Goals/objectives may apply to programming and/or internally. If No is selected, the form is complete.   1. If Yes is selected, enter your stated goals/objectives and describe progress made on those goals/objectives during the reporting period. **Comments:** Enter any comments, if applicable.   **<u>Definitions:</u>** **Health Equity** is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

1. During the reporting period, did your program advance health equity?

☐ Yes *[complete Part A]*
☐ No

A. Health Equity
   i. How has your program advanced health equity during the reporting period? *(select all that apply)*

☐ **Creating and supporting collaborations and partnerships** with other health and non-health sectors that influence the well-being of individuals in order to advance health equity.

☐ **Engaging persons with lived experience** in active roles that influence program planning and implementation, with a focus on advancing health equity.

☐ Accounting for and addressing **social and structural determinants of health** to drive health equity in our program's area of focus.

☐ **Creating and supporting the infrastructure and capacity for equity** by improving data collection capacity, promoting cultural responsiveness, and promoting policies and procedures that advance equity.

☐ **Centering equity in data use and performance measurement**, including disaggregating data across various demographic indicators and compiling and integrating diverse forms of quantitative and qualitative data.

☐ **Providing services** to individuals and communities with the greatest need in order to promote equity in a culturally responsive manner, specifically focused on those disproportionately impacted by health outcomes.

☐ Other (specify): _____

ii. How has your program/organization created or maintained an internal culture of equity? *(select all that apply)* [OPTIONAL]

☐ Hiring policies and practices to advance staff diversity

☐ Staff inclusion, belonging, and retention—with a focus on staff from diverse backgrounds

☐ Staff capacity to effectively advance health equity

☐ Organizational policies and practices that intentionally promote equity

☐ Other (specify): _____

iii. Which equity topic(s) did your program's activities target? *(select all that apply)*

☐ Race/ethnicity

☐ Sex/gender/sexual orientation/gender identity

☐ Income/socioeconomic status

☐ Disability

☐ Age

☐ Language

☐ Geography – rural/urban

☐ Other (specify): _____

iv. Has your program established stated goals/objectives for health equity?

☐ Yes

☐ No

1. If yes, enter the stated health equity goals/objectives and describe what progress your program made on those goals/objectives in the reporting period.

_____

Comments: _____

Direct and Enabling Services

Direct and Enabling Services
Instructions

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.
 	
Part A. Direct Services
  i.   Select the types of direct services provided during the reporting period. Select all that apply.
  ii. For outputs:
      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
  i.   Select the types of enabling services provided during the reporting period. Select all that apply.
  ii. For outputs:
      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)

- 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)

- 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.

[   ]   to   [   ]

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

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

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

| Federal partners | ☐ Memoranda of understanding or other written agreements
☐ Working groups or committees (including advisory boards, steering committees)
☐ Peer-to-peer learning
☐ Provider-to-provider consultations
☐ Information-sharing networks
☐ Shared resources (for example, funding, staff, etc.)
☐ Referral and care coordination networks
☐ Other (specify): _____ | |
| Other (specify):
_____ | ☐ Memoranda of understanding or other written agreements
☐ Working groups or committees (including advisory boards, steering committees)
☐ Peer-to-peer learning
☐ Provider-to-provider consultations
☐ Information-sharing networks
☐ Shared resources (for example, funding, staff, etc.)
☐ Referral and care coordination networks
☐ 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.
 	
<u>**Definitions:**</u>
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	- 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 organizational goals and outcomes. **Activities** - 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.	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). **Activities** - 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 *(total may sum to more than reported in 1.a. as activity could be provided to multiple audiences)*
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 *(listed by order of relative intensity of method, from most intensive to least intensive)*	Number of TA Activities *(must sum to total reported in 1.a.)*
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

<table>
<tr><td colspan="2" align="center">Outreach and Education</td></tr>
<tr><td colspan="2">Instructions</td></tr>
<tr><td colspan="2">

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.

<u>**Definitions:**</u>
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.

<u>Differentiation between Training and Workforce Development, Technical Assistance, and Outreach and Education:</u>

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

</td></tr>
</table>

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	- 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** - 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.	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). **Activities** - 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: _____

Quality Improvement and Evaluation

Quality Improvement and Evaluation
Instructions
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.

Part A. Quality Improvement
  i. Select Yes or No to indicate whether your program collected metrics to track QI during the reporting period.
  ii. Select what action has been taken as a result of the QI process during the reporting period. Select all that apply.

Part B. Evaluation
  i. Select the type of evaluation activity that was conducted during the reporting period. Select all that apply.
  ii. Select how your program has used evaluation activities in the reporting period. Select all that apply.

Comments: Enter any comments, if applicable.

Definitions:
Quality Improvement includes activities that use deliberate processes to improve the efficacy and impact of activities, programs, or systems (for example, PDSA cycles, etc.)

Evaluation includes activities that systematically collect information to assess a project, program, or system's performance or outcomes.

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)*	☐ Yes, implemented or participated in QI *[complete Part A]* ☐ Yes, conducted activities to evaluate performance or outcomes *[complete Part B]* ☐ No
A. Quality Improvement i. Did you collect metrics to track improvement as part of the QI process in the reporting period?	☐ Yes ☐ No
ii. What action have you taken as a result of the QI process in the reporting period?	☐ 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 taken any action in the reporting period
B. Evaluation i. Type of evaluation activity in the reporting period *(select all that apply)*	☐ Evaluation plan and design ☐ Evaluation of program processes and/or implementation ☐ Evaluation of program outcomes and/or impact ☐ 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: _____

Training Form 15

Training 15 PERFORMANCE MEASURE

Goal: Consultation and Training for Mental and Behavioral Health
Level: Grantee
Domain: MCH Workforce Development

GOAL	Increase the availability and accessibility of consultation services to providers caring for individuals with behavioral or mental health conditions.
MEASURE	Number of providers participating in consultation and care coordination support services.
DEFINITION	Total number of providers participating in consultation (teleconsultation and in-person) and care coordination support services provided by the Pediatric Mental Health Care Access (PMHCA) program and the Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD) program.
BENCHMARK DATA SOURCES	None
GRANTEE DATA SOURCES	PMHCA and MMHSUD awardees report using the data collection form.
SIGNIFICANCE	Mental and behavioral health issues are prevalent among children and adolescents, and pregnant and postpartum persons in the United States. However, due to shortages in the number of psychiatrists, developmental-behavioral providers, and other behavioral health clinicians, access to mental and behavioral health services is lacking. Research indicates that telehealth can improve access to care, reduce health care costs, improve health outcomes, and address workforce shortages in underserved areas. Telehealth strategies that connect primary care providers with specialty mental and behavioral health care providers can be an effective means of increasing access to mental and behavioral health services for children and pregnant and postpartum persons, especially those living in rural and other underserved areas.

Training 15 Data Collection Form

Instructions

Tab A. Provider Consultation and Training: Select your program (PMHCA or MMHSUD).

A.1.i: Select Yes or No to indicate if your program had any enrolled providers during the reporting period.

- If select Yes, enter provider counts for "Number enrolled", as well as "Number participating" and "Number enrolled AND participating" if applicable, by provider type. If there are no providers for a field, enter zero.
  - Provider counts may be duplicated across columns (Number enrolled, Number participating, Number enrolled and participating), but not within cells. For example, if a provider is enrolled AND participating during the reporting period, they should be counted in all three columns; the provider would be counted three times across the cells/row, but only once in each column. The "Number of enrolled AND participating" should be less than or equal to both the "Number enrolled" and the "Number participating" in each row.
- If select No, enter provider counts for "Number participating", by provider type. If there are no providers for a field, enter zero.
- If a provider contacts the program more than once during the reporting period, they should only be counted once in each applicable column.
- If a provider is acting in multiple roles/provider types, categorize them by their primary role as it relates to the encounter. For example, if a family visitor, doula, or social worker is filling the role of a care coordinator/patient navigator, they should be reported as a "Care Coordinator/Patient Navigator". If a social worker is filling the role of behavioral health clinician and acting as a therapist or counselor, they would be reported in the "Behavioral Health Clinician" category.
- Medical Residents should be included in the category for which they are completing their residency. For example, a family medicine resident should be included in "Primary Care Providers (non-specialty), Family Medicine".
- Parents and caregivers are not included in reporting.

A.1.ii.a: Enter the number of provider contacts during the reporting period for each type of contact. Enter an unduplicated count of provider contacts across contact types; if a provider is seeking both consultation and care coordination support, count the provider only under "Both". Count each provider contact regardless of whether it is about the same patient or if it is the same provider calling in multiple times. If no providers contacted the program, enter zero (0) in the cell.

> If a provider contacted the consultation line about a patient, and then called a separate time and received either consultation and/or care coordination support for the same patient, they would be counted as two separate provider contacts. If a provider contacts the consultation line and receives consultation and/or care coordination support about multiple patients, this would be counted as one provider contact.

- For PMHCA programs only, consultation can be provided by any member of the PMHCA team and not just the child and adolescent psychiatrist.

A.1.ii.b: Enter the number of consultations and/or referrals provided by the team during the reporting period. Report consultations by consultation type (telehealth vs. in-person). Enter an unduplicated count of consultations provided via telehealth or in person; a consultation should only fall into one of those categories. For referrals, count the total number of referrals given during the reporting period. If there were no consultations and/or referrals, enter zero (0) into the cell.

A.1.ii.c: Select the condition(s) about which providers received consultation (teleconsultation or in-person) or care coordination support services from the program during the reporting period. Select all conditions that apply.

- For each selected condition, enter the number of consultation (teleconsultation or in-person) or care coordination contacts for each. Each contact can involve more than one condition.
- If the patient has a diagnosed condition, but the provider received consultation about another condition, a different presenting concern, or another reason, count the reason(s) for which the provider received consultation. If the patient does not have a diagnosis, the reason for contact can be a suspected diagnosis, diagnostic impression, presenting concerns/symptoms, suspected concern, or another reason. The

condition or conditions selected should be the reason(s) the provider received consultation (teleconsultation or in-person) or care coordination support services. Each contact with the consultation team member can involve more than one condition, however, the conditions should be limited to the primary reasons the provider received consultation and/or care coordination support from the consultation program.

- If the condition is not listed, select "Other" and list the condition(s) or reason(s) in "Other- Description"; multiple conditions can be entered, separated by commas. In the "Other" row, indicate the total number of contacts for all combined "Other" conditions that are listed in the "Other-Description",

- Categorize encounters regarding delusions and disorganized thoughts related to postpartum psychosis in "Other" and share more details with HRSA in the non-competing continuation progress report narratives or contacts with the program. Categorize encounters regarding perinatal mood and anxiety disorders in the anxiety category.

A.1.iii: [Measure applies only to PMHCA awardees] Enter the number of consultations and referrals provided during the reporting period, by PMHCA team member type. If no consultations and/or referrals were provided by the PMHCA team member type, enter zero (0).

- If a single provider contact results in multiple referral recommendations, each referral should be counted separately. For example, if a team member refers the provider to a mental health counselor for psychotherapy AND provides a referral for an addiction counselor, this would count as two referrals.
- If a provider is acting in multiple roles/provider types, categorize them by their primary role as it relates to the encounter. Social workers, counselors etc. working in the role of care coordinator should be counted as care coordinators.
- If a team member type is not listed, select "Other" and list the member type(s) in "Other-Description"; multiple team member types can be entered, separated by commas. In the "Other" row, indicate the total number of consultations or referrals provided for all combined "Other" team member types that are listed.
- For consultations or referrals provided by an interdisciplinary team, each member of the interdisciplinary team would be counted for consultations or referrals provided.

A.2.i: Enter the number of providers trained during the reporting period, by provider type.

- Report unduplicated counts of providers. If a provider attended more than one training conducted by the program during the reporting period, the provider should only be counted once.
- If a provider type is not listed, select "Other" and list the member type(s) in "Other-Description"; multiple provider types can be entered, separated by commas. In the "Other" row, indicate the total number of "Other" providers attending training for all combined "Other" provider types.

A.2.ii.: Enter the total number of trainings provided by the program during the reporting period. Report an unduplicated count of trainings.

A.2.ii.a: Enter the number of trainings provided during the reporting period, by topic. Each individual training reported in A.2.ii. should be associated with ONLY ONE topic; the sum of trainings by topic should equal the total number of trainings reported in A.2.ii. Trainings often cover multiple topics; choose the most appropriate training topic to categorize each training provided by the program. If a topic was not covered, enter a zero (0) in that cell.

- Continuing Education (CE) is not required to count as a training.
- If the primary training topic is not listed, select "Other" and list the topic(s) in "Other-Description"; multiple topics can be entered, separated by commas. In the "Other" row, indicate the total number of trainings held during the reporting period for all combined "Other" topics.

A.2.ii.b: Report the total number of trainings covered by each training mechanism. Each individual training reported in A.2.ii. should be associated with ONLY ONE mechanism; the sum of trainings by mechanism should equal the total number of trainings reported in A.2.ii.

- If the training mechanism is not listed, select "Other" and list the mechanism(s) in "Other-Description"; multiple mechanisms can be entered, separated by commas. In the "Other" row, indicate the total number of trainings held during the reporting period for all combined "Other" mechanisms.

Tab B. Individuals Served PMHCA will complete data entry for Children 0-11, Adolescents 12-21, and/or Children and Adolescents – age unknown. MMHSUD will complete data entry for Pregnant or postpartum persons.

B.1: Enter the number of individuals for whom a provider contacted the program for consultation (teleconsultation or in-person) or care coordination support services during the reporting period. Enter an unduplicated count of individuals for whom a provider contacted the program; if a provider contacted the program about an individual multiple times, they should only be counted once. Enter both the total number, as well as the number from rural/underserved areas.

- Only include children and adolescents (PMHCA) and pregnant and postpartum persons (MMHSUD) about whom a provider contacted the consultation team/program for consultation or referral. Do not include the entire patient panel of enrolled or participating providers.
- Do not count parenting persons or caregivers who contact the program.
- Provider zip codes may be used to identify rural or underserved counties. The use of patient zip codes is not required.

B.2: Enter the number of individuals recommended for referral only, treatment only, or both referral and treatment, among those for whom a provider contacted the program for consultation (teleconsultation or in-person) or care coordination support services during the reporting period. If there were no recommendations for referral and/or treatment, enter zero (0) into the cell.

- Only include individuals about whom a provider contacted the program for consultation or referral. Do not include the entire patient panel of enrolled or participating providers.
- If the provider called in multiple times about the same patient, the outcome of the call (referral, treatment, or both) would be counted separately for each contact.

B.3: [Optional] Enter the numerator and denominator for the percent screened for each applicable measure. If there were no screenings for behavioral or mental health condition, enter zero (0) into the cell.

- HRSA strongly encourages programs to report these data if programs are collecting screening data from electronic medical records (EMRs) or electronic health records (EHRs). If programs can't get EMR or EHR data, programs would add these data by provider report or not report since this measure is optional.
- PMHCA
  - Numerator: Number of children and adolescents, 0-21 years of age, for whom a provider contacted the mental health team for consultation or referral, who received at least one screening for a behavioral health condition using a standardized validated tool.
  - Denominator: Number of children and adolescents, 0-21 years of age, for whom a provider contacted the mental health team for consultation or referral.
- MMHSUD
  - Numerator: Number of pregnant or postpartum persons, for whom a provider contacted the program for consultation or care coordination support, who received at least one screening for a behavioral health condition (depressions, anxiety, or substance use, separately) using a standardized validated tool.
  - Denominator: Number of pregnant or postpartum persons, for whom a provider contacted the program for consultation or care coordination support.
- Do not report data when there is only an assumption about whether the patient was screened. If programs cannot ask the provider whether a screening has occurred, then do not report.
- Include screens conducted by the provider or practice that is calling for the consultation or referral. A paraprofessional may not be conducting screens but can validate that a screening occurred and report that to the consult line.
- Report on screens conducted within the previous 12 months at the time of the consultation/referral call.
- HRSA Project Officers will provide examples of validated screening tools.

Definitions:
Enrolled Provider: A provider who has formally registered with the program to facilitate use of consultation (teleconsultation or in-person) or care coordination support services, at the time of reporting. An enrolled

provider is currently enrolled with the program even if initial enrollment occurred prior to current reporting period. An enrolled provider may or may not be a participating provider.

<u>Participating Provider</u>: A provider who has contacted the program for consultation (teleconsultation or in-person) or care coordination support services, and who may or may not be an enrolled provider.

<u>Enrolled AND Participating Provider:</u> Refers to the number of enrolled providers (registered) who are participating in the program (contacting the program for consultation or care coordination support services).

<u>Care Coordination Support</u>: In context of MMHSUD/PMHCA, care coordination support means, at minimum, that the program provides resources and referrals to a provider when they contact the program, or to the patient/family when the program works with patients/families directly. In these programs, "care coordination support" is synonymous with "providing resources and referrals".

<u>Telehealth:</u> is the use of electronic information and telecommunication technologies to support and promote long-distance clinical consultation, patient and professional health-related education, public health and health administration. Permitted telehealth modalities between providers include (but are not limited to): real-time video, telephonic communications, electronic mail (email) with encryption, store-and-forward imaging, and mobile health (mHealth) applications.

<u>Referrals</u> are given to providers (or directly to the patients/families) by the program to introduce specific health providers or services. Recommending "family therapy" without providing a specific provider name or practice would not be considered a referral, but a recommendation for treatment. Referrals are typically provided using resources included in the referral database. Referrals fall under the category of care coordination support in the context of MMHSUD/PMHCA.
> *Example 1: The PMHCA/MMHSUD program recommends Jonathan Smith, PhD, clinical psychologist specializing in childhood anxiety disorders, address xxxx Main Street, Springfield, TX, phone number xxx-xxx-xxxx, email address xx@xx.com. This counts as one referral.*
> *Example 2: The PMHCA/MMHSUD program refers the provider or family to a specific mental health counselor or therapist for psychotherapy AND provides a referral for a specific addiction counselor or specific practice. The consultation team member provided 2 referrals.*
> *Example 3: A provider calls into the consultation line regarding a patient experiencing depression. The patient's family is experiencing housing insecurity, and the provider shares that information for assistance. The consultation team member provides a referral to a behavioral health therapist and to a social worker who specializes in subsidized housing. This counts as 2 referrals.*

<u>Training:</u> refers to education programs or sessions that serve to enhance the knowledge and/or maintain the credentials and licensure of professional providers. Training may also serve to enhance the knowledge base of community outreach workers, families, and other members who directly serve the community. Examples of trainings include mental or behavioral health conditions, medication, screening and assessment, treatment modalities, trauma, etc. Conference presentations would be considered training if training was the intent of the presentation. A conference presentation that describes an intervention or program would not be considered training.
- In-person training: is any form of training that occurs "in person" and in real time between trainers and participants.
- Project ECHO® (Extension for Community Healthcare Outcomes) distance learning cohort: refers to a group of individuals who advance through an educational program together as part of their participation in Project ECHO®. Project ECHO® is a collaborative model of medical education and care management that uses tele-mentoring to share knowledge between specialists and outlying Primary Care Providers (PCPs) with the goals of supporting PCPs in their administration of high-quality, leading-edge care to their patients and improving health outcomes for underserved patients.
- ECHO-like distance learning cohort: A technology-enabled educational model, in which a mentor with specialized knowledge provides interactive and case-based guidance to a group of mentees for the purpose of strengthening their skills and knowledge to provide high-quality healthcare. These programs are similar in structure and goals to Project ECHO® but not officially Project ECHO®.

- Web-based training: refers to computer-based training that takes place online via the internet. This can include synchronous web-based training that is trainer-led and involves real-time interactions between trainers and trainees; asynchronous web-based training that takes place without real-time instruction, where content is available online, pre-recorded, and trainees can access it at their convenience; or blended web-based training, which involves both real-time interactions between a trainer and trainees and pre-recorded content that can be self-paced according to one's schedule.
- Hybrid (combination of virtual and in-person) training: refers to a training model that involves both in-person and online instruction and activities.

Treatment is the provision, coordination, or management of health care and related services among health care providers. Providers contacting the programs for consultation may or may not be the ones providing the treatment that is recommended by the consulting provider.

Rural/Underserved: HRSA defines rural areas as all counties that are not designated as parts of metropolitan areas (MAs) by the Office of Management and Budget. In addition, HRSA uses Rural Urban Commuting Area Codes to designate rural areas within MAs. This rural definition can be accessed at: https://www.hrsa.gov/rural-health/about-us/what-is-rural. If the county is not entirely rural or urban, follow the link for "Rural Health Grants Eligibility Analyzer" to determine if a specific site qualifies as rural based on its specific census tract within an otherwise urban county. Underserved areas are defined by the following terms: Any Medically Underserved Area/Population (MUA/P); or a Partially MUA/P. MUA/Ps are accessible through https://data.hrsa.gov/tools/shortage-area/mua-find

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A. Provider Consultation and Training

Select Program: ☐ PMHCA   ☐ MMHSUD

1. **Consultation:**
   i. Number and types of providers enrolled for and participating in program consultation (teleconsultation or in-person) and care coordination support services.

      Did you have any enrolled providers during the reporting period?   ☐ Yes ☐ No

Provider Type		Number enrolled	Number participating	Number enrolled AND participating
Primary Care Providers (non-specialty)	Pediatrician			
	Family Medicine			
	OB/GYN			
	Internal Medicine			
	Advanced Practice Nurse/Nurse Practitioner			
	Certified Nurse Midwife			
	Physician Assistant			
Others	Psychiatrist			

	Developmental-Behavioral Pediatrician			
	Nurse			
	Behavioral Health Clinician (e.g. psychologist, therapist, counselor)			
	Care Coordinator/ Patient Navigator			
	Doula			
	Other Specialist Physician, APN/NP, PA (specify type):			
	Other (specify type):			
Unknown Provider type				
Total (will auto-populate)				
Total Primary Care (will auto-populate)				

    ii.   Use of program consultation and care coordination support services.

        a.   Number of **provider** contacts with the program for consultation (teleconsultation or in-person), care coordination support, or both.

Type of contact	Number of provider contacts with the program for services
Consultation Only	
Care Coordination Support Only	
Both	

        b.   Number of **consultations and referrals** given to providers.

Consultation or referral	Number of consultations or referrals given
Consultations via telehealth	
Consultations in-person	
Referrals	

        c.   Please indicate the condition(s) about which providers received consultation (teleconsultation or in-person) or care coordination support services from the program. Select all conditions that apply. Specify the number of contacts for each condition. Each contact can involve more than one condition.

          ☐ Anxiety disorders
             o   Number of contacts for this reason _____
          ☐ Depressive disorders (excluding postpartum depression)
             o   Number of contacts for this reason _____
          ☐ Postpartum depression

- o Number of contacts for this reason _____
  - ☐ Bipolar and related disorders
    - o Number of contacts for this reason _____
  - ☐ Attention-Deficit/ Hyperactivity Disorder (ADHD)
    - o Number of contacts for this reason _____
  - ☐ Autism Spectrum Disorder
    - o Number of contacts for this reason _____
  - ☐ Disruptive, impulse-control, and conduct disorders
    - o Number of contacts for this reason _____
  - ☐ Neurodevelopmental disorders (including developmental delay and intellectual disabilities)
    - o Number of contacts for this reason _____
  - ☐ Feeding and eating disorders
    - o Number of contacts for this reason _____
  - ☐ Obsessive-compulsive and related disorders
    - o Number of contacts for this reason _____
  - ☐ Trauma and stressor-related disorders
    - o Number of contacts for this reason _____
  - ☐ Schizophrenia spectrum and other psychotic disorders
    - o Number of contacts for this reason _____
  - ☐ Substance-related disorders
    - o Number of contacts for alcohol _____
    - o Number of contacts for marijuana _____
    - o Number of contacts for nicotine _____
    - o Number of contacts for opioids _____
    - o Number of contacts for other substance-related disorders _____
  - ☐ Suicidality or self-harm
    - o Number of contacts for this reason _____
  - ☐ Social and environmental concerns (including violence, unstable housing, language barriers, isolation/lack of social support, food insecurity, transportation, etc.)
    - o Number of contacts for this reason _____
  - ☐ Other (please specify)_____
    - o Number of contacts for this reason _____

iii. Number of consultations (teleconsultations and in-person) and referrals provided by each member of the mental health team. [Measure applies only to PMHCA awardees]

Member of mental health team	Number of consultations provided	Number of referrals provided
Psychiatrist		
Psychologist		
Social Worker		
Counselor		
Care Coordinator		
Other behavioral clinicians		

Other (specify type):		
Total (will auto-populate)		

2. Training:

    i. Number and types of providers trained.

Provider Type		Number Trained
Primary Care Providers (non-specialty)	Pediatrician	
	Family Medicine	
	OB/GYN	
	Internal Medicine	
	Advanced Practice Nurse/Nurse Practitioner	
	Certified Nurse Midwife	
	Physician Assistant	
Others	Psychiatrist	
	Developmental-Behavioral Pediatrician	
	Nurse	
	Behavioral Health Clinician (e.g. psychologist, therapist, counselor)	
	Care Coordinator/ Patient Navigator	
	Doula	
	Other Specialist Physician, APN/NP, PA (specify type):	
	Other (specify type):	
Unknown Provider type		
Total Primary Care (will auto-populate)		
Total (will auto-populate)		

    ii. Total number of trainings held ____

        a. Topic focus of trainings and number of trainings per topic focus. Select all that apply [Note: Each individual training should be associated with only one topic focus; the sum of trainings for each individual training topic focus should equal the total number of trainings held].:

           ☐ Mental or behavioral health conditions-related trainings (e.g., anxiety, depression, substance use disorder, ADHD, OCD, eating disorders, tics, Autism, developmental delay, behavioral dysregulation, etc.) Please include comprehensive trainings that cover medications, screenings, treatments, etc. for specific conditions in this category.

                Number of trainings covering topic _____

           ☐ Medication-focused trainings

                Number of trainings covering topic _____

           ☐ Screening and assessment/testing-focused trainings

                Number of trainings covering topic _____

           ☐ Treatment modality-focused trainings

                Number of trainings covering topic _____

☐ Trauma focused trainings

    Number of trainings covering topic _____

☐ Parent and family-focused trainings

    Number of trainings covering topic _____

☐ Practice Improvement/Systems Change/Quality Improvement (e.g., practice workflows, integrating protocols into the EHR, integrating behavioral health into primary care, expanding community referrals, ensuring culturally and linguistically appropriate services)

    Number of trainings covering topic _____

☐ COVID-19-focused trainings

    Number of trainings covering topic _____

☐ Other (please specify) _____

    Number of trainings covering topic _____

    b. Training mechanisms used. Select all that apply:

☐ In-person

    Number of trainings using this mechanism _____

☐ Project ECHO® (distance learning cohort)

    Number of trainings using this mechanism _____

☐ ECHO-like (distance learning cohort)

    Number of trainings using this mechanism _____

☐ Web-based

    Number of trainings using this mechanism _____

☐ Hybrid (combination of in-person and virtual)

    Number of trainings using this mechanism _____

☐ Other (please specify)

    Number of trainings using this mechanism _____

B. Individuals Served

1. Number of individuals for whom a provider contacted the program for consultation (teleconsultation or in-person) or care coordination support services

	Total	Rural/underserved
Children 0-11		
Adolescents 12-21		
Children and Adolescents – age unknown		
Pregnant or postpartum persons		

2. Number of individuals recommended for referral and/or treatment, among those for whom a provider contacted the program for consultation (teleconsultation or in-person) or care coordination support services.

	Referral only	Treatment only	Both referral and treatment
Children 0-11			
Adolescents 12-21			
Children and Adolescents – age unknown			
Pregnant or postpartum persons			

3. Percent of individuals screened for behavioral or mental health condition [Optional]

	Numerator	Denominator	% (auto-populated)
Children 0-11 screened for behavioral or mental health condition			
Adolescents 12-21 screened for behavioral or mental health condition			
Children and Adolescents – age unknown, screened for behavioral or mental health condition			
Pregnant or postpartum persons screened for behavioral or mental health condition			
Pregnant or postpartum persons screened for depression			
Pregnant or postpartum persons screened for anxiety			
Pregnant or postpartum persons screened for substance use			

Comments: