

**Pediatric Mental Health Care Access Program:
Reports and Measures for 2018 Awardees, December 2021**

Pediatric Mental Health Care Access Program (PMHCA) Reports

- **The Non-Competing Continuation (NCC) Performance Report** is due annually. The next deadlines are February 1, 2022, and approximately February 1, 2023. Within 90 days from the end of the period of performance, a Project Period End Performance Report will be submitted on December 28, 2023. This report will contain data from Year 5.
 - The NCC Performance Report includes the Discretionary Grant Information System (DGIS) Performance Measures listed in Table 1.
 - A tip sheet will be shared 30 days prior to the next deadline through the Electronic Handbooks (EHBs).
 - The Notice of Funding Opportunity (NOFO) Performance Measures listed in Table 2 will be collected through a Request for Information (RFI), and will be due at the same time as the NCC Performance Report.
- **The Non-Competing Continuation (NCC) Progress Report** is due approximately June 16, 2022, and June 16, 2023. 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, 2023.
 - The NCC Progress Report requires a narrative summary which will be specified in NCC Progress Report Instructions. HRSA will share these instructions 30 days prior to the next deadline through the EHBs.
 - 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, 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.
 - NCC Progress Reports will include a new section on your progress with the telehealth referral database in lieu of the previous NOFO Performance Measure 10.
- **The Federal Financial Report (FFR)** is due 120 days after the end of the budget period in the [Payment Management System](#) (PMS) on January 30, 2022, January 30, 2023, and January 28, 2024. 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 EHBs.

DUE DATES	
Reporting for Year 1	
Federal Financial Report	January 30, 2020
NCC Performance Report	February 5, 2020
RFI for NOFO and CJ Measures	February 5, 2020
NCC Progress Report	June 2, 2020
Reporting for Year 2	
NCC Performance Report	January 28, 2021
Federal Financial Report	January 30, 2021
NCC Progress Report	June 2, 2021 (approximate)

Reporting for Year 3	
NCC Performance Report	February 1, 2022
Federal Financial Report	January 30, 2022
NCC Progress Report	June 16, 2022 (approximate)
Reporting for Year 4	
NCC Performance Report	January 28, 2023 (approximate)
Federal Financial Report	January 30, 2023
NCC Progress Report	June 2, 2023 (approximate)
Reporting for Year 5	
Project Period End Performance Report (Y5 only)	December 28, 2023
Final Comprehensive Report (summary of all 5 years)	December 28, 2023
Final Federal Financial Report (Y5 only)	January 28, 2024

Reporting Period	
Baseline	September 30, 2017 – September 29, 2018
Year 1	September 30, 2018 – September 29, 2019
Year 2	September 30, 2019 – September 29, 2020
Year 3	September 30, 2020 – September 29, 2021
Year 4	September 30, 2021 – September 29, 2022
Year 5	September 30, 2022 – September 29, 2023

Pediatric Mental Health Care Access Program (PMHCA) Measures

Table 1: DISCRETIONARY GRANT INFORMATION SYSTEM (DGIS) PERFORMANCE MEASURES
DGIS Performance Measures are submitted in the NCC Performance Report. Detail sheets for all DGIS measures can be accessed here . Detail sheets for PMHCA’s Health Domain Specific Measures are located here .
<p>FINANCIAL, DEMOGRAPHIC, TECHNICAL ASSISTANCE, PRODUCTS FORMS</p> <ul style="list-style-type: none"> • Form 1: MCH Project Budget Details for Fiscal Year • Form 2: Project Funding Profile • Form 4: Project Budget and Expenditures • Form 5: Number of Individuals Served • Form 6: Maternal and Child Health Discretionary Grant Project Abstract • Form 7: Discretionary Grant Project (Sections 1-7 only) • Technical Assistance/Collaboration Form • Products, Publications and Submissions Data Collection Form
<p>HEALTH DOMAIN SPECIFIC FORMS</p> <p>Core Measures</p> <ul style="list-style-type: none"> • Core 1: Grant Impact • Core 2: Quality Improvement • Core 3: Health Equity <p>Capacity Building (CB) Measures</p> <ul style="list-style-type: none"> • CB1: State Capacity • CB4: Sustainability • CB5: Scientific Publications • CB6: Products <p>Adolescent Health (AH) Measures</p> <ul style="list-style-type: none"> • AH3: Screening for Major Depressive Disorder

DIVISION OF MCH WORKFORCE DEVELOPMENT FORMS

Continuing Education

Training Form 15: Teleconsultation and Training for Mental and Behavioral Health¹

Table 2: UPDATED NOTICE OF FUNDING OPPORTUNITY (NOFO) PERFORMANCE MEASURES

Changes to the NOFO Performance Measures are reflected in the PMHCA General Data Template (GDT) (December 2021). Please refer to the GDT for additional guidance on these measures. Updated versions of the GDT and other reporting resources are located [here](#). These NOFO PMs will be collected by a Request for Information in the EHBs, due at the same time as the NCC Performance Report.

****These updates apply for Year 5 data collection and reporting. For Year 4 data collection and reporting, please continue to use the June 2021 version of the GDT and measures in Table 3.****

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. Percentage of providers enrolled in a statewide or regional pediatric mental health care access program who receive tele-consultation on behavioral health conditions.
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 and referrals provided to enrolled providers by the pediatric mental health team.
7. Number of consultations 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 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 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 Training Form 15 is not yet available as of December 2021. It is a new form replacing Form 10 that will be added into the DGIS system to collect NOFO PMs. Until Training Form 15 is integrated into DGIS, NOFO PMs will be collected by a Request for Information (RFI) in the EHBs at the same time as the NCC Performance Report.

Table 3: PREVIOUS NOFO PERFORMANCE MEASURES, OUTCOME MEASURES, CONGRESSIONAL JUSTIFICATION MEASURES	
These measures are applicable for Year 4 reporting and will be collected through an RFI using Form 10, due at the same time as the NCC Performance Report. Please refer to the June 2021 GDT for additional guidance on these measures.	
NOFO PERFORMANCE MEASURES	
1.	<i>HRSA will no longer collect PM1.</i>
2.	Number of trainings held by topic, mechanism used (e.g., in-person, web-based), and type of training materials used.
3.	Number and types of providers trained.
4.	Number of consultations and referrals provided to enrolled providers by the pediatric mental health team, by provider discipline type, and by telehealth mechanism.
5.	Number of consultations and referrals provided by each member of the pediatric mental health team.
6.	Number and types of practitioners participating with the pediatric mental health team.
7.	Reasons for provider contact with the pediatric mental health team. <ul style="list-style-type: none"> A. Number of providers seeking only psychiatric consultation, including through telehealth B. Specify reasons for provider contact with pediatric mental health team for psychiatric consultation or referral (e.g., depression, anxiety, Attention Deficit/Hyperactivity Disorder, Autism Spectrum Disorder). C. Number of providers seeking only care coordination, including through telehealth. D. Number of providers seeking both psychiatric consultation and care coordination, including through telehealth.
8.	Types of referrals provided by the pediatric mental health team, and the extent to which such referrals are provided through telehealth.
9.	Course of action to be taken by provider as result of contact with the pediatric mental health team (e.g., provide referral, recommend medication initiation to patient).
10.	Number and types of community-based mental health and support service and service providers in the telehealth referral database.
NOFO OUTCOME MEASURES	
1.	<i>HRSA will no longer collect OM1.</i>
2.	Number of children and adolescents served by providers who contacted the pediatric mental health team (including by telehealth).
3.	Number of children and adolescents living in rural and underserved counties served by providers who contacted the pediatric mental health team (including by telehealth).
CONGRESSIONAL JUSTIFICATION MEASURES	
1.	Number of primary care providers participating in a statewide or regional pediatric mental health care access program.
2.	Percentage of primary care providers enrolled in a statewide or regional pediatric mental health care access program who receive tele-consultation on behavioral health conditions. <ul style="list-style-type: none"> • Numerator- Number of primary care providers enrolled in a statewide or regional pediatric mental health care access program who receive tele-consultation on behavioral health conditions. • Denominator- Number of primary care providers enrolled in a statewide or regional pediatric mental health care access program.
3.	<i>HRSA will no longer collect CJ3.</i>
4.	<i>HRSA will no longer collect CJ4.</i>
5.	Number of children or adolescents, ages 0-21 years of age, served through teleconsultation, who were recommended treatment by the participating provider or were recommended referral to behavioral health or support services. <i>In DGIS Form 10, HRSA will collect (1) number recommended for treatment by the participating provide only, (2) number recommended for referral to behavioral health or support services only, and (3) number recommended for both treatment by the participating provider and referral to behavioral health or support services.</i>