

**Pediatric Mental Health Care Access Program:  
Reports and Measures for 2019 Awardees (as of June 2021)**

**Pediatric Mental Health Care Access Program (PMHCA) Reports**

- **The Non-Competing Continuation (NCC) Performance Report** is due annually within 120 days of award on approximately October 29, 2021 and October 29, 2022. Within 90 days from the end of the period of performance, a Project Period End Performance Report will be submitted. This report will contain data from Year 4.
  - The NCC Performance Report includes the Discretionary Grant Information Systems (DGIS) Performance Measures listed in the table below, and in the future, will include the new DGIS forms.
  - HRSA shared a tip sheet on completing your NCC Performance Report. An updated tip sheet will be shared 30 days prior to the next deadline through the Electronic HandBooks (EHBs).
  - At the same time as the NCC Performance Report, the **Request for Information (RFI)** is also due, which includes your completed DGIS **Form 10**.
  
- **The Non-Competing Continuation (NCC) Progress Report** is due approximately March 17, 2021 and March 17, 2022. A final comprehensive report, which is a narrative summary of the four-year period of performance, will be submitted within 90 days from the end of the period of performance.
  - The NCC Progress Report requires a narrative summary which will be specified in the 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.
  - NOFO Performance Measures, NOFO Outcome Measures and Congressional Justification Measures not already captured in the RFI/DGIS Form 10 will be captured in the NCC Progress Report. REMINDER: the NOFO Performance and Outcome measures have a different reporting period than the narrative section of the NCC Progress Report.
  
- **Federal Financial Report (FFR)** is due approximately 120 days after the end of the budget period in the Payment Management System on October 30, 2021 and annually thereafter. At the time of submission, awardees can also submit a carryover request as a Prior Approval Request (PAR) in the EHBs. If you do not submit the PAR at the same time as the FFR, you have up to 30 days from the time of FFR submission to submit the PAR in the EHBs.

**Due Dates Remaining**

Reporting for Year 2

NCC Performance Report and RFI	October 29, 2021 (approximate)
NCC Progress Report	March 17, 2021 (approximate)
Federal Financial Report	October 30, 2021

Reporting for Year 3

NCC Performance Report and RFI	October 29, 2022 (approximate)
Federal Financial Report	October 30, 2022

Reporting for Year 4

Project Period End Performance Report (year 4 only)	September 28, 2023
RFI (year 4 only)	September 28, 2023
Final Comprehensive Report (summary of all 4 years)	September 28, 2023
Final Federal Financial Report (year 4 only)	January 28, 2024

**Reporting Period**

Baseline	July 1, 2018 – June 30, 2019
Year 1	July 1, 2019 – June 30, 2020
Year 2	July 1, 2020 – June 30, 2021
Year 3	July 1, 2021 – June 30, 2022
Year 4	July 1, 2022 – June 30, 2023

**PMHCA Measures**

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 at: <a href="https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection">https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection</a>
Forms shared in October 2019 are highlighted with an asterisk below: Child Health 5, Adolescent Health 4, and Capacity-Building 8.
The forms will be integrated into the NCC Performance Report in future years. For now, the forms will be uploaded as a Request for Information (RFI).
FINANCIAL, DEMOGRAPHIC, TECHNICAL ASSISTANCE, PRODUCTS FORMS
<ul style="list-style-type: none"> <li>• Form 1: MCH Project Budget Details for Fiscal Year</li> <li>• Form 2: Project Funding Profile</li> <li>• Form 4: Project Budget and Expenditures</li> <li>• Form 5: Number of Individuals Served</li> <li>• Form 6: Maternal and Child Health Discretionary Grant Project Abstract</li> <li>• Form 7: Sections 1-7 ONLY</li> </ul>

- Technical Assistance/Collaboration Form
- Products, Publications and Submissions Data Collection Form

#### DOMAIN MEASURES

##### Core Measures

- Core 1: Grant Impact
- Core 2: Quality Improvement
- Core 3: Health Equity

##### Capacity Building (CB) Measures

- CB1: State Capacity
- CB4: Sustainability
- CB5: Scientific Publications
- CB6: Products
- \*CB8: Provider Capacity

##### Child Health (CH) Measures

- \*CH5: Mental and Behavioral Health Screening and Follow-Up

##### Adolescent Health (AH) Measures

- AH 3: Screening for Major Depressive Disorder
- \*AH 4: Mental and Behavioral Health Screening and Follow-Up

#### DIVISION OF MCH WORKFORCE DEVELOPMENT FORMS

Continuing Education

#### **NOTICE OF FUNDING OPPORTUNITY (NOFO) PERFORMANCE MEASURES NOTICE OF FUNDING OPPORTUNITY (NOFO) OUTCOME MEASURES CONGRESSIONAL JUSTIFICATION (CJ) MEASURES**

The set of NOFO PMs, NOFO OMs and CJ measures will be partially collected through a Request for Information in the EHBs using an excel data template (DGIS Form 10, June 2021 version). This template is formatted the same way as the new DGIS forms. The new DGIS forms for the NOFO PMs, NOFO OMs, and CJ measures will be integrated into the NCC Performance Reports in the future.

“DGIS Definitions Final 10.10.2019” provide definitions for the new DGIS forms.

NOFO PMs, NOFO OMs and CJ measures not captured in the NCC Performance Report will be requested in the NCC Progress Report annually.

Please refer to the most recent PMHCA Data Template “PMHCA General Data Template June 2021” for additional guidance on these measures. HRSA encourages awardees to utilize the template to collect data for internal purposes that can then be used to input data into the DGIS forms/NCC Performance Report and the NCC Progress Report.

<b>NOFO PERFORMANCE MEASURES</b>
1. <del>Number, type of training materials (e.g., case studies, diagnostic and treatment protocols), and mechanism used (e.g., in-person, web-based).</del> <i>HRSA will no longer collect all of Measure 1. Type of training materials will be collected in Measure 2.</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. 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.
<b>NOFO OUTCOME MEASURES</b>
<del>1. Number and types of referrals provided to children and adolescents who screen positive for a behavioral health disorder to the pediatric mental health team (including by telehealth).</del> <i>HRSA will no longer collect this measure.</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).
<b>CONGRESSIONAL JUSTIFICATION MEASURES</b>
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"> <li>• 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.</li> <li>• Denominator- Number of primary care providers enrolled in a statewide or regional pediatric mental health care access program.</li> </ul>
<p><del>3. Number of children and adolescents, 0-21 years of age, seen by primary care providers enrolled in a statewide or regional pediatric mental health care access program, who received at least one screening for a behavioral health condition using a standardized validated tool. HRSA will no longer collect this measure.</del></p>
<p><del>4. Among children and adolescents, 0-21 years of age, seen by primary care providers enrolled in a statewide or regional pediatric mental health care access program, who screened positive for a behavioral health condition, the percentage who received treatment from the primary care providers or a referral to a behavioral clinician. HRSA will no longer collect this measure.</del></p>
<p>NEW MEASURE:</p> <p>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.</p> <p><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></p>