

**American Rescue Plan Act –
Pediatric Mental Health Care Access Program – New Area Expansion:
Reports and Measures for 2021 Awardees**

American Rescue Plan Act - Pediatric Mental Health Care Access Program (ARP-PMHCA) Reports

- **The New Competing Performance Report** is due in the Electronic Handbooks (EHB) within 120 days of award, by January 28, 2022.
 - The New Competing Performance Report collects administrative data including the project abstract and partial data on Discretionary Grant Information System (DGIS) Performance Measures listed in Table 1 below.
 - HRSA will share a tip sheet on completing your New Competing Performance Report at least 30 days prior to the deadline through the EHB.
- **The Non-Competing Continuation (NCC) Performance Report** is due in the EHB annually within 120 days of award. The first is due is January 30, 2023 and annually thereafter on approximately January 29, 2024, January 28, 2025, and January 28, 2026. 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 5.
 - The NCC Performance Report includes the DGIS Performance Measures listed in Table 1 below. The Notice of Funding Opportunity (NOFO) Performance Measures listed in Table 2 will be included in Training Form 15, a new form which will be added into the Discretionary Grant Information System (DGIS) and collected through the NCC Performance Reports in the future. Until Training Form 15 is integrated into DGIS, it will be collected by a Request for Information in the EHB using the General Data Template (GDT). The GDT is an excel spreadsheet including guidance on the NOFO Performance Measures, the data points required for each measure, and will be used to track data.
 - A tip sheet will be shared 30 days prior to the next deadline through the EHBs.
- **The Non-Competing Continuation (NCC) Progress Report** is due in the EHB June 16, 2022 and annually thereafter on approximately June 16, 2023, June 17, 2024, and June 16, 2025. 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.
 - 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.
 - 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 120 days after the end of the budget period in the [Payment Management System](#) (PMS) on January 30, 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.

DUE DATES	
Reporting for Year 1	
New Competing Performance Report	January 28, 2022
NCC Progress Report	June 16, 2022 (approximate)
Federal Financial Report	January 30, 2023
NCC Performance Report	January 30, 2023 (approximate)
Reporting for Year 2	
NCC Progress Report	June 16, 2023 (approximate)
NCC Performance Report	January 29, 2024 (approximate)
Federal Financial Report	January 30, 2024
Reporting for Year 3	
NCC Progress Report	June 17, 2024 (approximate)
NCC Performance Report	January 28, 2025 (approximate)
Federal Financial Report	January 30, 2025
Reporting for Year 4	
NCC Progress Report	June 16, 2025 (approximate)
NCC Performance Report	January 28, 2026 (approximate)
Federal Financial Report	January 30, 2026
Reporting for Year 5	
Project Period End Performance Report (Y5 only)	December 28, 2026
Final Comprehensive Report (summary of all 5 years)	December 28, 2026
Final Federal Financial Report (Y5 only)	January 28, 2027

Reporting Period	
Baseline ¹	September 30, 2020 – September 29, 2021
Year 1	September 30, 2021 – September 29, 2022
Year 2	September 30, 2022 – September 29, 2023
Year 3	September 30, 2023 – September 29, 2024
Year 4	September 30, 2024 – September 29, 2025
Year 5	September 30, 2025 – September 29, 2026

American Rescue Plan Act - Pediatric Mental Health Care Access Program (ARP-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 ARP-PMHCA’s Health Domain Specific Measures are located here .
FINANCIAL, DEMOGRAPHIC, TECHNICAL ASSISTANCE, PRODUCTS FORMS
<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

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

<ul style="list-style-type: none"> • 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
<p>DIVISION OF MCH WORKFORCE DEVELOPMENT FORMS</p> <p>Continuing Education</p> <p>Training Form 15: Teleconsultation and Training for Mental and Behavioral Health²</p>

Table 2: NOTICE OF FUNDING OPPORTUNITY (NOFO) PERFORMANCE MEASURES
Please refer to the PMHCA General Data Template (December 2021) for additional guidance on these measures. Updated versions of the GDT and other reporting resources are located 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. 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.

² Training Form 15 is not yet available as of December 2021. It is a new form that will be added into the DGIS system to collect NOFO PMs.

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.