

**American Rescue Plan Act –
Pediatric Mental Health Care Access Program – New Area Expansion:
Reports and Measures for 2022 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, 2023.
 - 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 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.
 - 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 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.
 - 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, 2024 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	
Baseline Data	January 28, 2023
New Competing Performance Report	January 28, 2023
NCC Progress Report	June 16, 2023 (approximate)
Federal Financial Report	January 30, 2024
NCC Performance Report	January 30, 2024 (approximate)
Reporting for Year 2	
NCC Progress Report	June 16, 2024 (approximate)
NCC Performance Report	January 29, 2025 (approximate)
Federal Financial Report	January 30, 2025
Reporting for Year 3	
NCC Progress Report	June 17, 2025 (approximate)
NCC Performance Report	January 28, 2026 (approximate)
Federal Financial Report	January 30, 2026
Reporting for Year 4	
Project Period End Performance Report (Y4 only)	December 28, 2026
Final Comprehensive Report (summary of all 4 years)	December 28, 2026
Final Federal Financial Report (Y4 only)	January 28, 2027

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

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 • 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

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

HEALTH DOMAIN SPECIFIC FORMS

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

Adolescent Health (AH) Measures

- AH3: Screening for Major Depressive Disorder

DIVISION OF MCH WORKFORCE DEVELOPMENT FORMS

Continuing Education

Training Form 15: Teleconsultation and Training for Mental and Behavioral Health²

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

Please refer to the PMHCA General Data Template (June 2022) 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. 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.

² Training Form 15 is not yet available as of 2022. It is a new form that will be added into the DGIS system to collect NOFO PMs.

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.