DGIS USER GUIDE TRAINING FORMS

Version 2.0 – Updated 04/28/2023

HRSA

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TRAINING FORMS

On the **Training** forms, the grantee provides details on participation of family, youth, and community members; Title V collaboration; racial and ethnic diversity of trainees; 2- and 5-year follow-up with former trainees.

The data provided by the grantee supports the areas below:

1. To ensure the involvement of family, youth and community partners in program activities.
2. To gather information about partnerships with Title V and other MCH partners.
3. To understand how MCH Training Program involvement impacts post-graduation outcomes.

APPLICABLE REPORT TYPES

Based on the training forms assigned to your programs, below is a summary of training forms present in each report type.

The report types are as follows:

- New Competing Performance Report (NCPR)
- Non-Competing Continuation Performance Report (NCCPR)
- Project Period End Report (PPER)

Figure 1: Training Forms

Training Forms			
Applicable Forms	Report Types		
	NCPR	NCCPR	PPER
Training Form 1	✓	✓	✓
Training Form 2	✓	✓	✓
Training Form 3	✓	✓	✓
Training Form 4	✓	✓	✓
Training Form 5	✓	✓	✓
Training Form 6	✓	✓	✓
Training Form 7	✓	✓	✓
Training Form 8	✓	✓	✓
Training Form 9	✓	✓	✓
Training Form 10	✓	✓	✓
Training Form 11	✓	✓	✓
Training Form 12	✓	✓	✓
Training Form 14	✓	✓	✓
Training Form 15	✓	✓	✓

TRAINING FORM 1

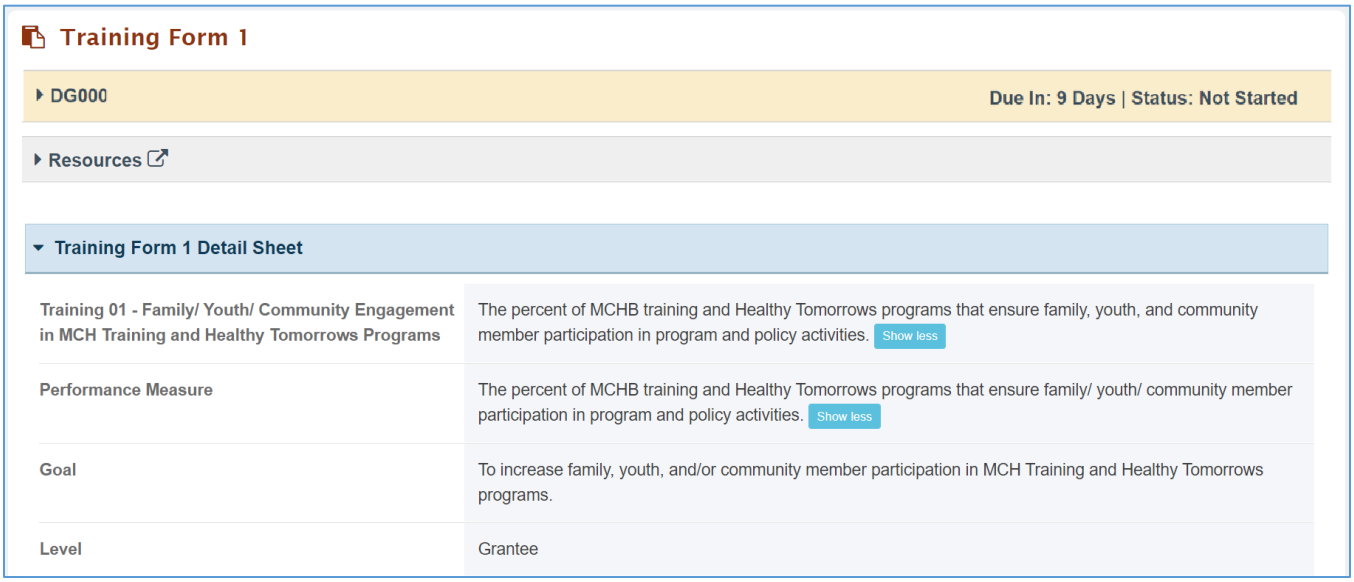
FORM INSTRUCTIONS

TRAINING FORM 01 DETAIL SHEET

The following information is under the **Training Form 01 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Training 01 – Family/Youth/Community Engagement in MCH Training and Healthy Tomorrows Programs
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 2: Training 01: Detail Sheet

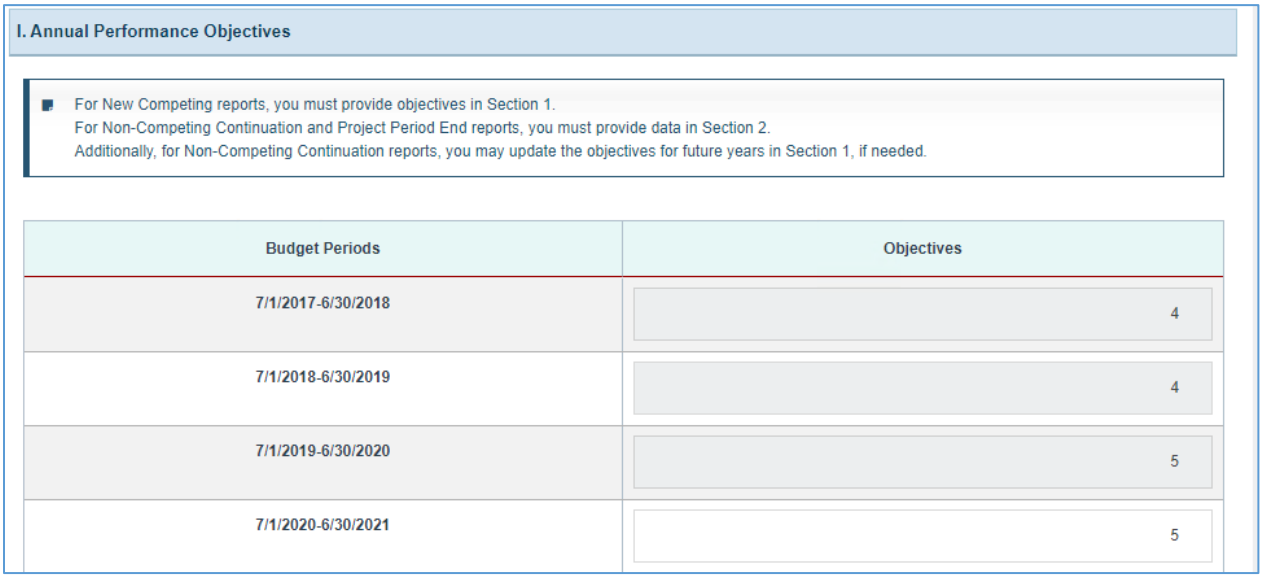


Level	Grantee
Domain	MCH Workforce Development
Definition	Attached is a table of five elements that demonstrate family member/youth/community member participation, including an emphasis on partnerships and building leadership opportunities for family members/youth/community members in MCH Training or Healthy Tomorrows programs. Please check yes or no to indicate if your MCH Training Program or Healthy Tomorrows program has met each element. Show less
Benchmark Data Sources	PHI-3: Increase the proportion of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs, and schools of nursing (with a public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula Show less
Grantee Data Sources	The below data collection form is to be completed by grantees.
Significance	Over the last decade, policy makers and program administrators have emphasized the central role of families and other community members as advisors and participants in program and policy-making activities. In accordance with this philosophy, MCH Training Programs and Healthy Tomorrows Programs are facilitating such partnerships at the local, State and national levels. MCH Training programs support interdisciplinary/interprofessional graduate education and training programs that emphasize leadership, and family-centered, community-based, and culturally responsive systems of care. Training programs are required to incorporate family members/youth/community members as faculty, trainees, and partners. The Healthy Tomorrows program supports community initiated and community-based projects that apply principles of health promotion, disease prevention, and the benefits of coordinated health care to the provision of services that improve access to comprehensive, community-based, family-centered, culturally/linguistically responsive, and coordinated care. Healthy Tomorrows projects are required to incorporate family members/youth/community members as project staff, advisors, volunteers, and partners. This performance measure directly relates to MCHB Strategic Plan Objective 1.3: Ensure family and consumer leadership and partnership in efforts to improve health and strengthen MCH systems of care. Show less

ANNUAL PERFORMANCE TARGETS (REQUIRED)

1. In this section, the grantee must provide objectives for **New Competing Performance Reports (NCPRs)**:
    a. *Objectives*: Enter an integer from 0–5 for each budget period. (NOTE: If the grantee adds any integer six or above, the system will show an error.)
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**:
    a. Pre-population: All budget period objectives will be prepopulated from the previously approved report.
    b. Annual Performance Objectives: For current and previous years, annual objective fields will not be editable.
    a. For **NCCPRs** future years, grantees will have the ability to edit/modify the annual objective fields if needed.

Figure 3: Training 01: Annual Performance Objectives



I. Annual Performance Objectives

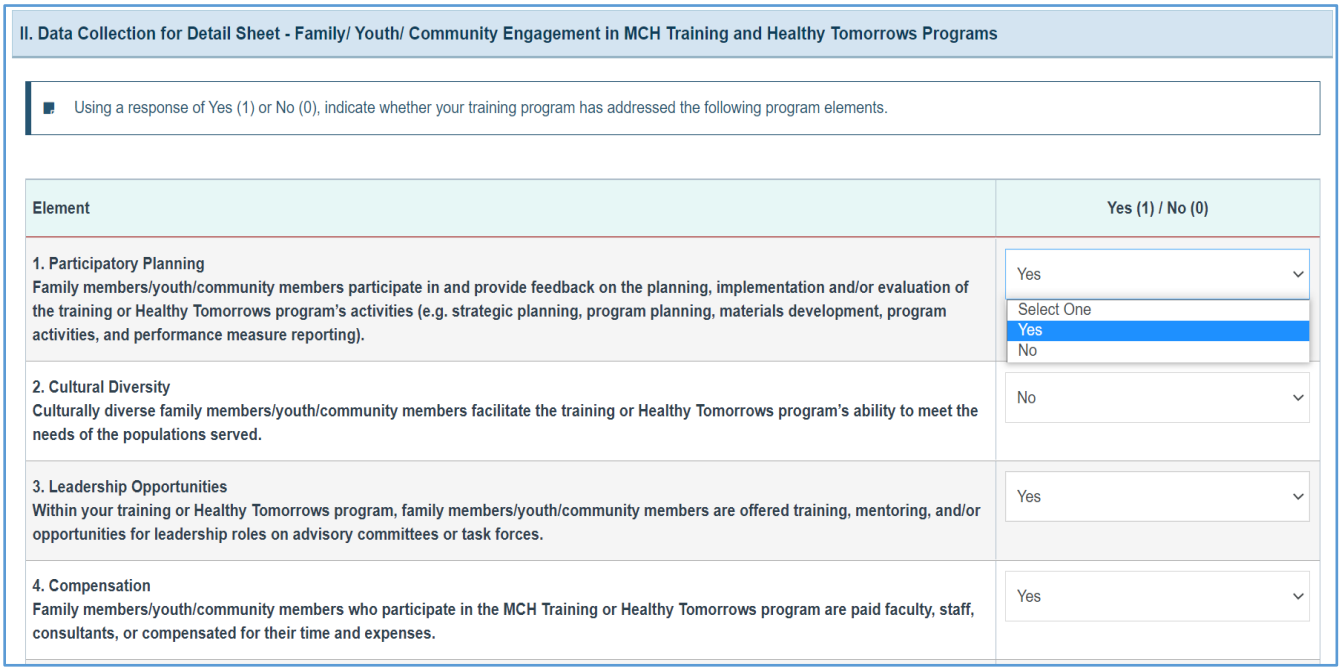
For New Competing reports, you must provide objectives in Section 1.
For Non-Competing Continuation and Project Period End reports, you must provide data in Section 2.
Additionally, for Non-Competing Continuation reports, you may update the objectives for future years in Section 1, if needed.

Budget Periods	Objectives
7/1/2017-6/30/2018	4
7/1/2018-6/30/2019	4
7/1/2019-6/30/2020	5
7/1/2020-6/30/2021	5

DATA COLLECTION FOR DETAIL SHEET – FAMILY/ YOUTH/ COMMUNITY ENGAGEMENT IN MCH TRAINING AND HEALTHY TOMORROWS PROGRAMS

In this form the grantee may select either *Yes* (*1*) or *No* (*0*) for the below questions, and the total will be reflected in the Annual Performance Score section. (NOTE: All fields are required.)

Figure 4: Training 01: Family/ Youth/ Community Engagement in MCH Training and Healthy Tomorrows Programs



II. Data Collection for Detail Sheet - Family/ Youth/ Community Engagement in MCH Training and Healthy Tomorrows Programs

Using a response of Yes (1) or No (0), indicate whether your training program has addressed the following program elements.

Element	Yes (1) / No (0)
1. Participatory Planning Family members/youth/community members participate in and provide feedback on the planning, implementation and/or evaluation of the training or Healthy Tomorrows program's activities (e.g. strategic planning, program planning, materials development, program activities, and performance measure reporting).	Yes (Select One / Yes / No)
2. Cultural Diversity Culturally diverse family members/youth/community members facilitate the training or Healthy Tomorrows program's ability to meet the needs of the populations served.	No
3. Leadership Opportunities Within your training or Healthy Tomorrows program, family members/youth/community members are offered training, mentoring, and/or opportunities for leadership roles on advisory committees or task forces.	Yes
4. Compensation Family members/youth/community members who participate in the MCH Training or Healthy Tomorrows program are paid faculty, staff, consultants, or compensated for their time and expenses.	Yes

5. Train MCH/CSHCN staff **Family members/youth/community members work with their training or Healthy Tomorrows program to provide training (pre-service, in-service and professional development) to MCH/CSHCN faculty/staff, students/trainees, and/or providers.**	Yes

ANNUAL PERFORMANCE SCORE

This section will be automatically populated based on the information provided in section 2, Data Collection Detail Sheet - Family/ Youth/Community Engagement in MCH Training and Healthy Tomorrows Programs.

Figure 5: Training 01: Annual Performance Score

III. Annual Performance Score

The score is calculated based on the information provided in Section 2.

Budget Period	Score
6/1/2020-5/31/2021	4

COMMENTS

The grantee may provide additional comments here.

Figure 6: Training 01: COMMENTS

COMMENTS

0/5000 characters

FORM-LEVEL RULES AND VALIDATIONS

1. For **New Competing Performance Reports (NCPRs)**, the grantee must provide objectives in section 1.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee must provide data in section 2.
3. For **Non-Competing Continuation Performance Reports (NCCPRs)**, the grantee may update the objectives for future years in section 1, if needed.
4. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

TRAINING FORM 2

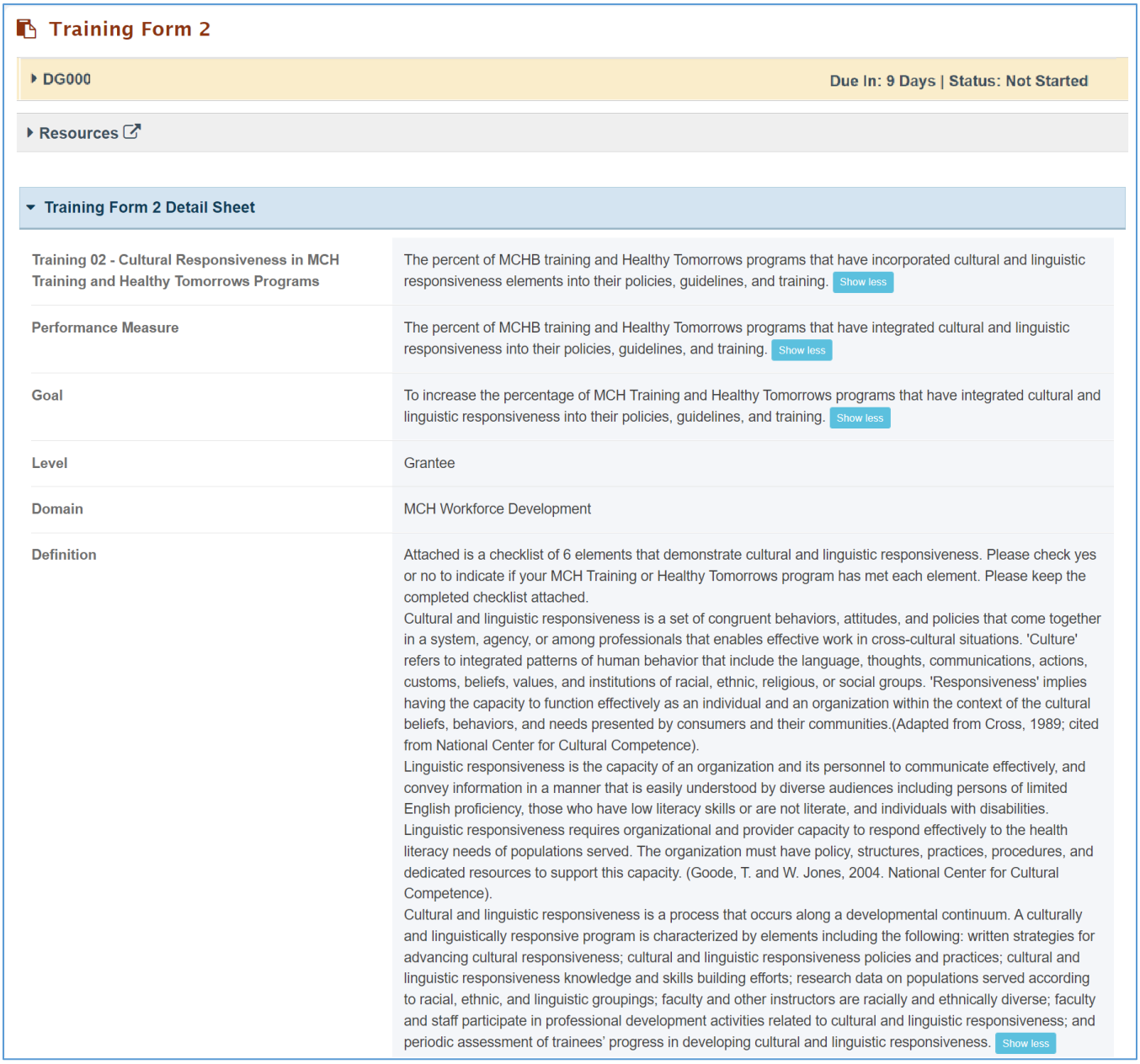
FORM INSTRUCTIONS

TRAINING FORM 02 DETAIL SHEET

The following information is under the **Training Form 02 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Training 02 – Cultural Responsiveness in MCH Training and Healthy Tomorrows Programs
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 7: Training 02: Detail Sheet



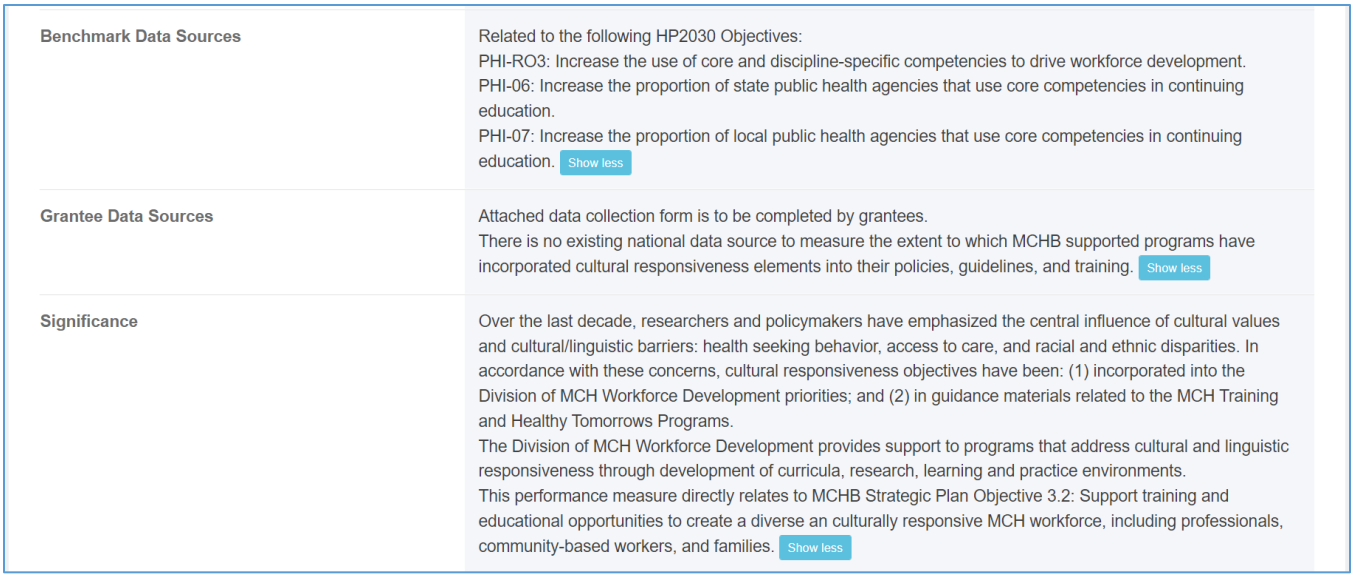
Training Form 2

DG000 — Due In: 9 Days | Status: Not Started

Resources

Training Form 2 Detail Sheet

Training 02 - Cultural Responsiveness in MCH Training and Healthy Tomorrows Programs	The percent of MCHB training and Healthy Tomorrows programs that have incorporated cultural and linguistic responsiveness elements into their policies, guidelines, and training. Show less
Performance Measure	The percent of MCHB training and Healthy Tomorrows programs that have integrated cultural and linguistic responsiveness into their policies, guidelines, and training. Show less
Goal	To increase the percentage of MCH Training and Healthy Tomorrows programs that have integrated cultural and linguistic responsiveness into their policies, guidelines, and training. Show less
Level	Grantee
Domain	MCH Workforce Development
Definition	Attached is a checklist of 6 elements that demonstrate cultural and linguistic responsiveness. Please check yes or no to indicate if your MCH Training or Healthy Tomorrows program has met each element. Please keep the completed checklist attached. Cultural and linguistic responsiveness is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Responsiveness' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.(Adapted from Cross, 1989; cited from National Center for Cultural Competence). Linguistic responsiveness is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. Linguistic responsiveness requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity. (Goode, T. and W. Jones, 2004. National Center for Cultural Competence). Cultural and linguistic responsiveness is a process that occurs along a developmental continuum. A culturally and linguistically responsive program is characterized by elements including the following: written strategies for advancing cultural responsiveness; cultural and linguistic responsiveness policies and practices; cultural and linguistic responsiveness knowledge and skills building efforts; research data on populations served according to racial, ethnic, and linguistic groupings; faculty and other instructors are racially and ethnically diverse; faculty and staff participate in professional development activities related to cultural and linguistic responsiveness; and periodic assessment of trainees' progress in developing cultural and linguistic responsiveness. Show less



Benchmark Data Sources	Related to the following HP2030 Objectives: PHI-RO3: Increase the use of core and discipline-specific competencies to drive workforce development. PHI-06: Increase the proportion of state public health agencies that use core competencies in continuing education. PHI-07: Increase the proportion of local public health agencies that use core competencies in continuing education. Show less
Grantee Data Sources	Attached data collection form is to be completed by grantees. There is no existing national data source to measure the extent to which MCHB supported programs have incorporated cultural responsiveness elements into their policies, guidelines, and training. Show less
Significance	Over the last decade, researchers and policymakers have emphasized the central influence of cultural values and cultural/linguistic barriers: health seeking behavior, access to care, and racial and ethnic disparities. In accordance with these concerns, cultural responsiveness objectives have been: (1) incorporated into the Division of MCH Workforce Development priorities; and (2) in guidance materials related to the MCH Training and Healthy Tomorrows Programs. The Division of MCH Workforce Development provides support to programs that address cultural and linguistic responsiveness through development of curricula, research, learning and practice environments. This performance measure directly relates to MCHB Strategic Plan Objective 3.2: Support training and educational opportunities to create a diverse an culturally responsive MCH workforce, including professionals, community-based workers, and families. Show less

ANNUAL PERFORMANCE TARGETS (REQUIRED)

1. In this section, the grantee must provide objectives for **New Competing Performance Reports (NCPRs)**:
    a. *Objectives*: Enter an integer from 0–6 for each budget period. (NOTE: If the grantee adds any integer of seven or above, the system will show an error.)
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**:
    a. Pre-population: All budget period objectives will be prepopulated from the previously approved report.
    b. Annual Performance Objectives: For current and previous years, annual objective fields will not be editable.
    c. For **Non-Competing Continuation Performance Reports (NCCPRs)** future years, grantees will have the ability to edit/modify the annual objective fields if needed.

Figure 8: Training 02: Annual Performance Objectives

I. Annual Performance Objectives

For New Competing reports, you must provide objectives in Section 1.
For Non-Competing Continuation and Project Period End reports, you must provide data in Section 2.
Additionally, for Non-Competing Continuation reports, you may update the objectives for future years in Section 1, if needed.

Budget Periods	Objectives
7/1/2017-6/30/2018	3
7/1/2018-6/30/2019	5
7/1/2019-6/30/2020	6
7/1/2020-6/30/2021	6

DATA COLLECTION FOR DETAIL SHEET – CULTURAL RESPONSIVENESS IN MCH TRAINING AND HEALTHY TOMORROWS PROGRAMS

In this form the grantee may select either *Yes* (*1*) or *No* (*0*) for the below questions, and the total will be reflected in the Annual Performance Score section.

Figure 9: Training 02: Cultural Responsiveness in MCH Training and Healthy Tomorrows Programs

II. Data Collection for Detail Sheet - Cultural Responsiveness in MCH Training and Healthy Tomorrows Programs

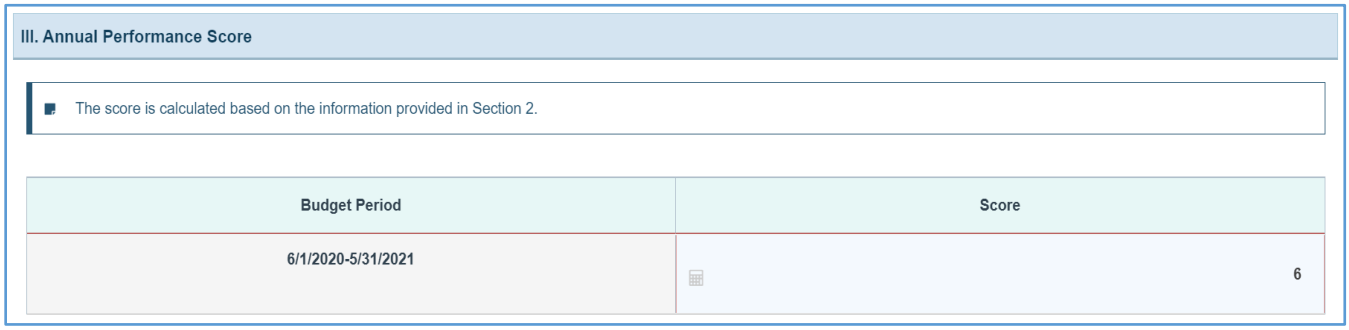
Using a response of Yes (1) or No (0), indicate whether your training program has addressed the following program elements.

Element	Yes (1) / No (0)
1. Written Guidelines **Strategies for advancing cultural and linguistic responsiveness are integrated into your training or Healthy Tomorrows program's written plan(s) (e.g., grant application, recruiting plan, placement procedures, monitoring and evaluation plan, human resources, formal agreements, etc.).**	Yes
2. Training **Cultural and linguistic responsiveness knowledge and skills building are included in training aspects of your program.**	Yes
3. Data **Research or program information gathering includes the collection and analysis of data on populations served according to racial, ethnic, and linguistic groupings, where appropriate.**	Yes
4. Staff/faculty cultural and linguistic diversity **MCH Training Program or Healthy Tomorrows staff and faculty reflect cultural and linguistic diversity of the significant populations served.**	Yes
5. Professional development **MCH Training Program or Healthy Tomorrows staff and faculty participate in professional development activities to promote their cultural and linguistic competence.**	Yes
6. Measure progress Measurement of Progress **A process is in place to assess the progress of MCH Training program or Healthy Tomorrows participants in developing cultural and linguistic responsiveness.**	Yes

ANNUAL PERFORMANCE SCORE

This section will be automatically populated based on the information provided in section 2, Cultural Responsiveness in MCH Training and Healthy Tomorrows Programs.

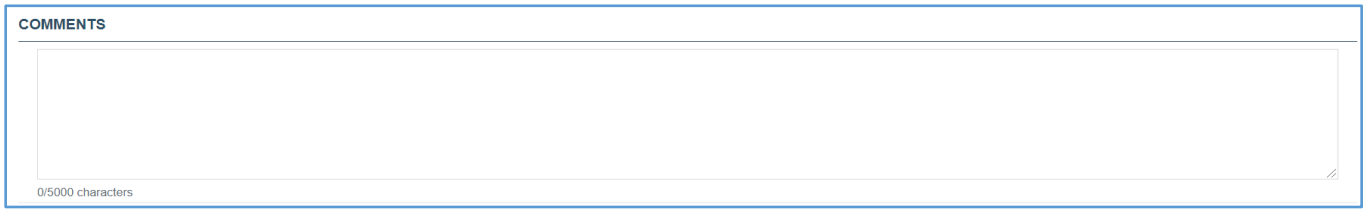
Figure 10: Training 02: Annual Performance Score



COMMENTS

The grantee may provide additional comments here.

Figure 11: Training 02: COMMENTS



FORM-LEVEL RULES AND VALIDATIONS

1. For **New Competing Performance Reports (NCPRs)**, the grantee must provide objectives in section 1.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee must provide data in section 2.
3. For **Non-Competing Continuation Performance Reports (NCCPRs)**, the grantee may update the objectives for future years in section 1, if needed.
4. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

TRAINING FORM 3

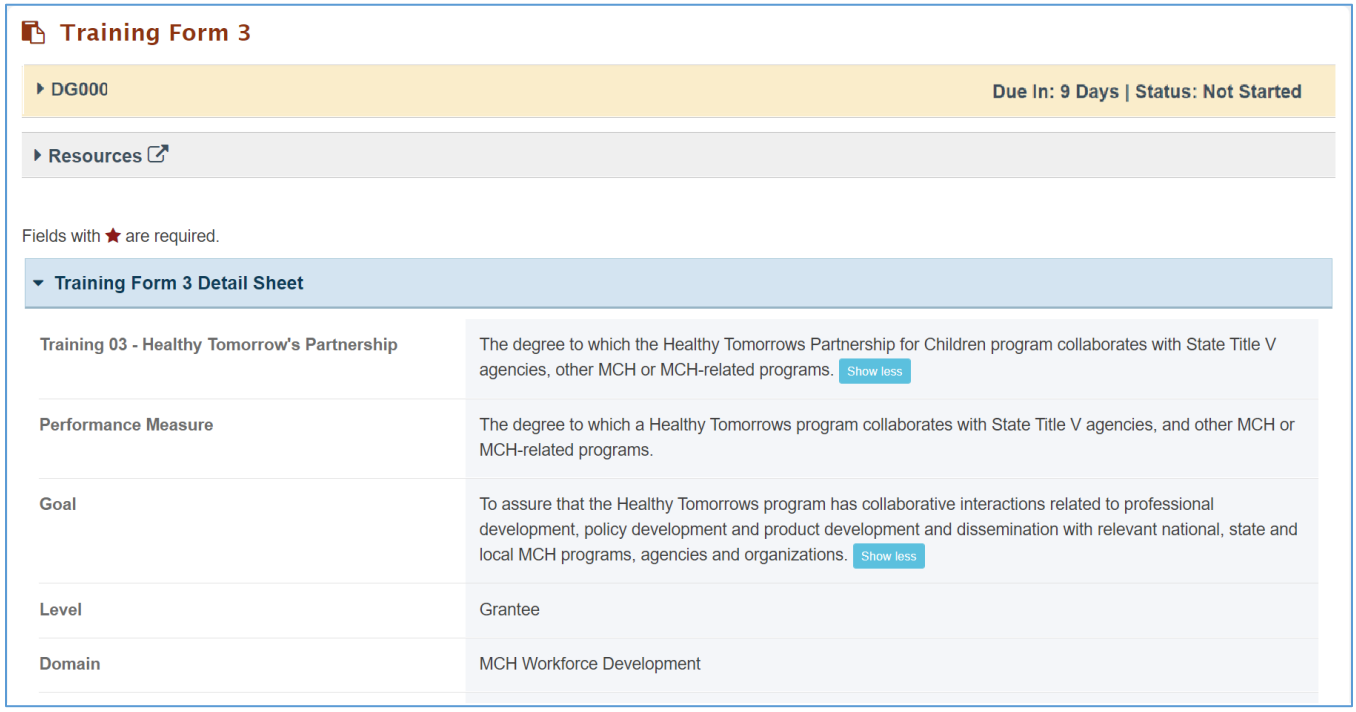
FORM INSTRUCTIONS

TRAINING FORM 03 DETAIL SHEET

The following information is under the **Training Form 03 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Training 03 – Healthy Tomorrow's Partnership
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance
10. State Title V Agencies
11. Other MCH-Related Programs

Figure 12: Training 03: Detail Sheet

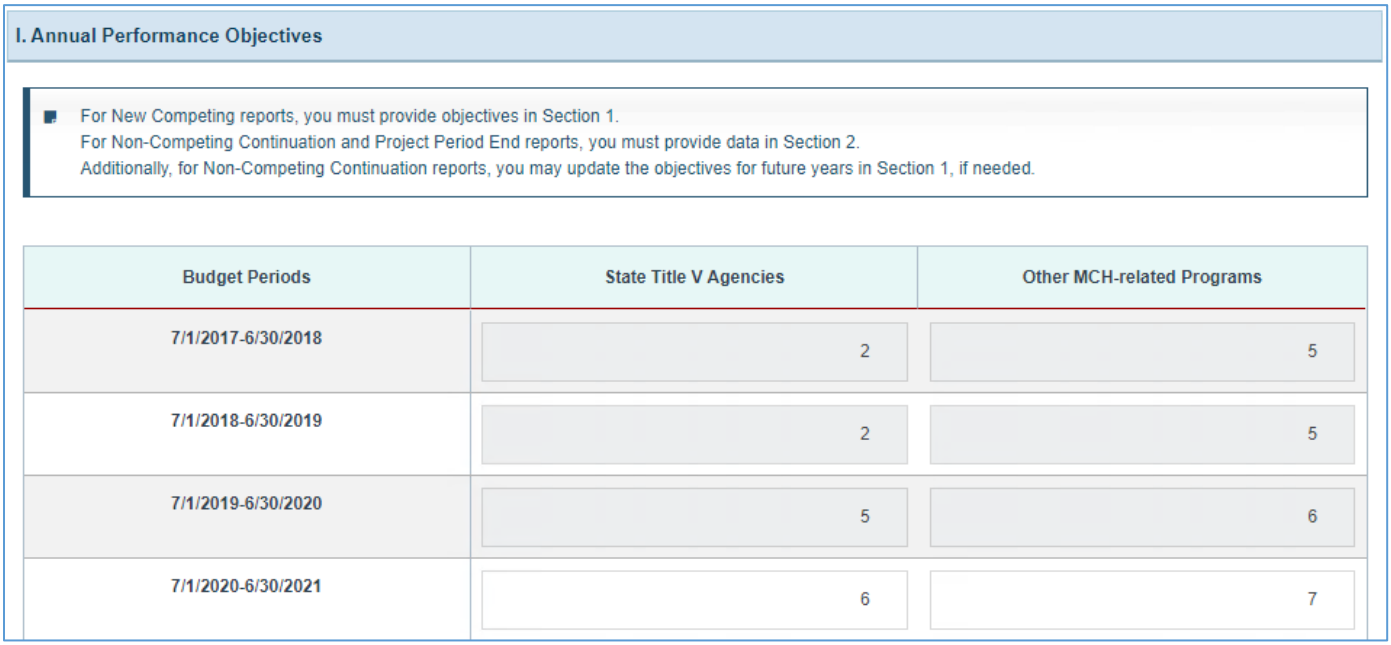


Definition	Attached is a list of the 7 elements that describe activities carried out by Healthy Tomorrows programs for or in collaboration with State Title V and other agencies on a scale of 0 to 1 (0=no; 1=yes). If a value of '1' (yes) is selected, provide the number of activities for the element. The total score for this measure will be determined by the sum of those elements noted as '1.' Show less
Benchmark Data Sources	ECBP-DO9: Increase core clinical prevention and population health education in medical schools. ECBP-D10: Increase core clinical prevention and population health education in nursing schools. ECBP-D11: Increase core clinical prevention and population health education in physician assistant training programs. ECBP-D12: Increase core clinical prevention and population health education in pharmacy schools. ECBP-D13: Increase core clinical prevention and population health education in dental schools. PHI-06: Increase the proportion of state public health agencies that use core competencies in continuing education. PHI-07: Increase the proportion of local public health agencies that use core competencies in continuing education. PHI-DO1: Increase the proportion of tribal public health agencies that use core competencies in continuing education. Show less
Grantee Data Sources	The Healthy Tomorrows program completes the attached table which describes the categories of collaborative activity.
Significance	As a SPRANS grantee, a Healthy Tomorrows program enhances the Title V State block grants that support MCHB Strategic Plan Goal 1: to assure access to high-quality and equitable health services to optimize health and well-being for all MCH populations. Interactive collaboration between a Healthy Tomorrows program and Federal, Tribal, State and local agencies dedicated to improving the health of MCH populations will increase active involvement of many disciplines across public and private sectors and increase the likelihood of success in meeting the goals of relevant stakeholders. This measure will document a Healthy Tomorrows program's abilities to: 1) collaborate with State Title V and other agencies (at a systems level) to support achievement of the MCHB Strategic Goals and Healthy People 2030 objectives; 2) make the needs of MCH populations more visible to decision-makers and help states achieve best practice standards for their systems of care; 3) internally use these data to assure a full scope of these program elements in all regions. Show less
State Title V Agencies	These programs include State Block Grant funded or supported activities.
Other MCH-related programs	Other maternal and child health-related programs (both MCHB-funded and funded from other sources) include, but are not limited to: State Health Department, State Adolescent Health, Social Service Agency, Medicaid Agency, Education, Juvenile Justice, Early Intervention, Home Visiting, Professional Organizations/Associations, Family and/or Consumer Group, Foundation, Clinical Program/Hospitals, Local and State Division of Mental Health, Developmental Disability Agencies, Other programs working with Maternal and Child Health Populations. Show less

ANNUAL PERFORMANCE OBJECTIVES

1. In this section, the grantee must provide objectives for **New Competing Performance Reports (NCPRs)**:
    a. *State Title Agencies*: Enter an integer from 0-7 for each budget period.
    b. *Other MCH-related Programs*: Enter an integer from 0-7.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**:
    a. Pre-population: All budget period objectives will be prepopulated from the previously approved report.
    b. Annual Performance Objectives: For current and previous years, annual objective fields will not be editable.
    c. For **Non-Competing Continuation Performance Reports (NCCPRs)** future years, grantees will have the ability to edit/modify the annual objective fields if needed.

Figure 13: Training 03: Annual Performance Objectives



I. Annual Performance Objectives

- For New Competing reports, you must provide objectives in Section 1.
  For Non-Competing Continuation and Project Period End reports, you must provide data in Section 2.
  Additionally, for Non-Competing Continuation reports, you may update the objectives for future years in Section 1, if needed.

Budget Periods	State Title V Agencies	Other MCH-related Programs
7/1/2017-6/30/2018	2	5
7/1/2018-6/30/2019	2	5
7/1/2019-6/30/2020	5	6
7/1/2020-6/30/2021	6	7

DATA COLLECTION FOR DETAIL SHEET – HEALTHY TOMORROW'S PARTNERSHIP

In this form, the grantee must select either *Yes* (*1*) or *No* (*0*) to reflect whether the training program has addressed the following program elements. If the grantee selects *Yes*, then they must also provide the total number of activities for program. The grantee may provide information for each of the following elements:

1. *State Title V Agencies, Yes (1)/No (0)* (required): Select either *Yes* or *No* from the dropdown menu. (NOTE: Selecting the *Yes* option will unlock the next field (*State Title V Agencies Number of Activities*) and selecting the *No* option will keep the next field locked.
2. *State Title V Agencies Number of Activities*: Enter an integer from 0–999,999. (NOTE: If unlocked, then this field is required.)
3. *Other MCH-related Program, Yes (1)/No (0*) (required): Select *Yes* or *No* from the dropdown menu. (NOTE: Selecting the *Yes* option will unlock the next field (*Other MCH-related Program Number of Activities*) and selecting the *No* option will keep the next field locked.
4. *Other MCH-related Program Number of Activities*: Enter an integer from 0–999,999. (NOTE: If unlocked, then this field is required.)

Figure 14: Training 03: Data Collection Form for Detail Sheet - Healthy Tomorrow's Partnership

II. Data Collection Form for Detail Sheet - Healthy Tomorrow Partnership

Using a response or Yes (1) or No (0), indicate whether your training program has addressed the following program elements. Also, provide the total number of activities for each.

Element	State Title V Agencies Yes (1) / No (0)	State Title V Agencies Number of Activities	Other MCH-related Program Yes (1) / No (0)	Other MCH-related Program Number of Activities
1. Advisory Committee Examples might include: having representation from State Title V or other MCH program on your advisory committee	Yes	10	Yes	10
2. Professional Development & Training Examples might include: collaborating with state Title V agency to develop state training activity	Yes	10	Yes	10
3. Policy Development Examples might include: working with State Title V agency to develop and pass legislation	Yes	10	No	
4. Research, Evaluation, and Quality Improvement Examples might include: working with MCH partners on quality improvement efforts	Yes	10	Yes	10
5. Product Development Examples might include: participating on collaborative with MCH partners to develop community materials	No		Yes	10
6. Dissemination Examples might include: disseminating information on program implementation to local MCH partners	Yes	10	No	
7. Sustainability Examples might include: working with state and local MCH representatives to develop sustainability plans	Yes	10	Yes	10

ANNUAL PERFORMANCE SCORE

This section will be automatically populated based on the information provided in section 2, Data Collection Form for Detail Sheet – Healthy Tomorrow's Partnership.

Figure 15: Training 03: Annual Performance Score

III. Annual Performance Score

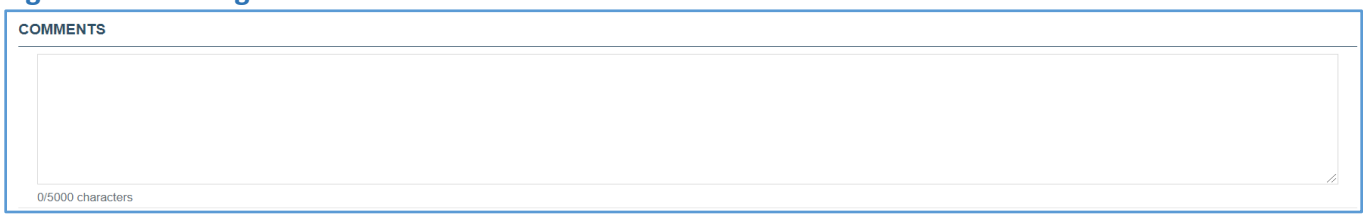
The score is calculated based on the information provided in Section 2.

Budget Periods	State Title V Agencies	State Title V Agencies Activities	Other MCH-related Program	Other MCH-Related Program Activities
6/1/2020-5/31/2021	6	60	5	50

COMMENTS

The grantee may provide additional comments here.

Figure 16: Training 03: COMMENTS



FORM-LEVEL RULES AND VALIDATIONS

1. For **New Competing Performance Reports (NCPRs)**, the grantee must provide objectives in section 1.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee must provide data in section 2.
3. For **Non-Competing Continuation Performance Reports (NCCPRs)**, the grantee may update the objectives for future years in section 1, if needed.
4. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

TRAINING FORM 4

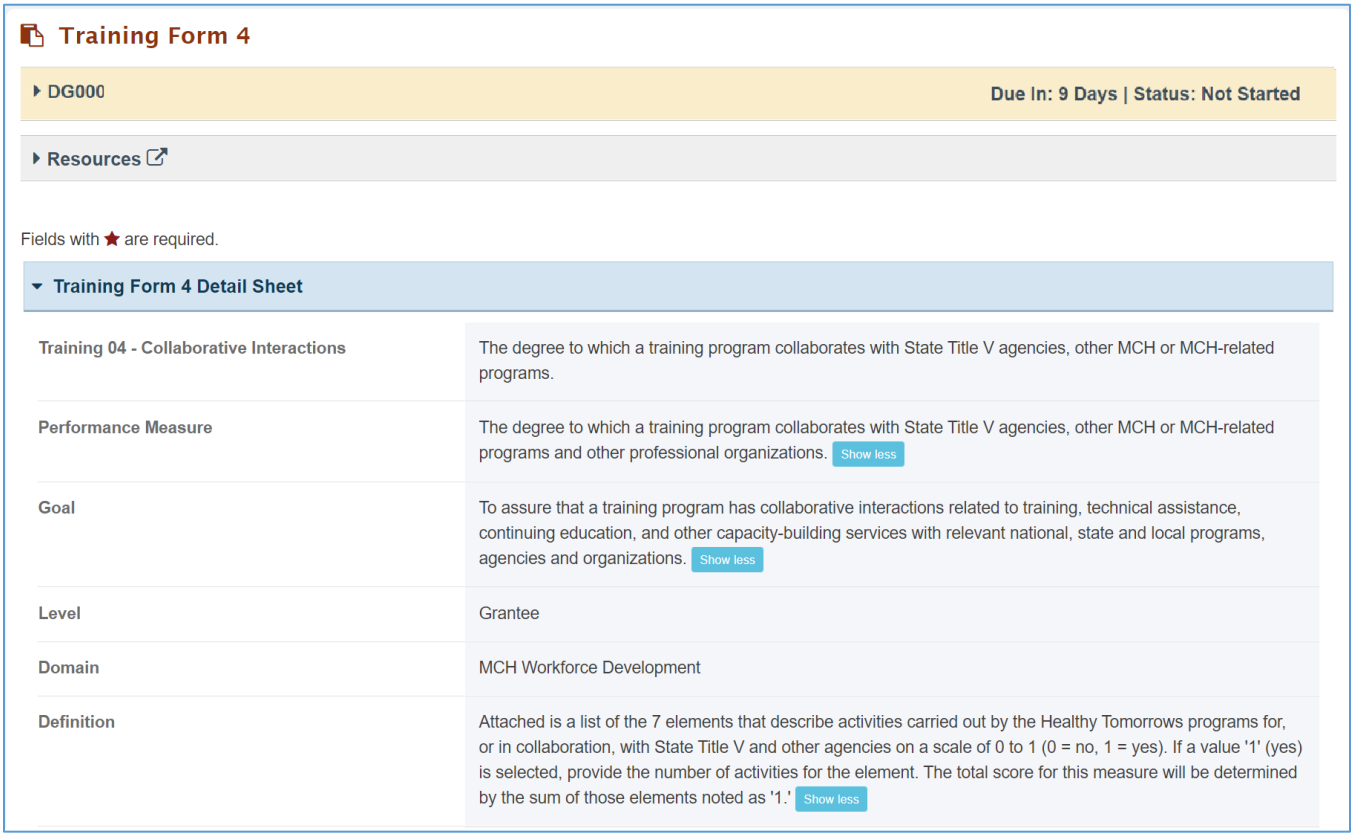
FORM INSTRUCTIONS

TRAINING FORM 04 DETAIL SHEET

The following information is under the **Training Form 04 Detail Sheet**. The grantee may expand the accordion menu to view the details:

1. Training 04 – Collaborative Interactions
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance
10. State Title V Agencies
11. Other MCH-Related Programs

Figure 17: Training 04: Detail Sheet

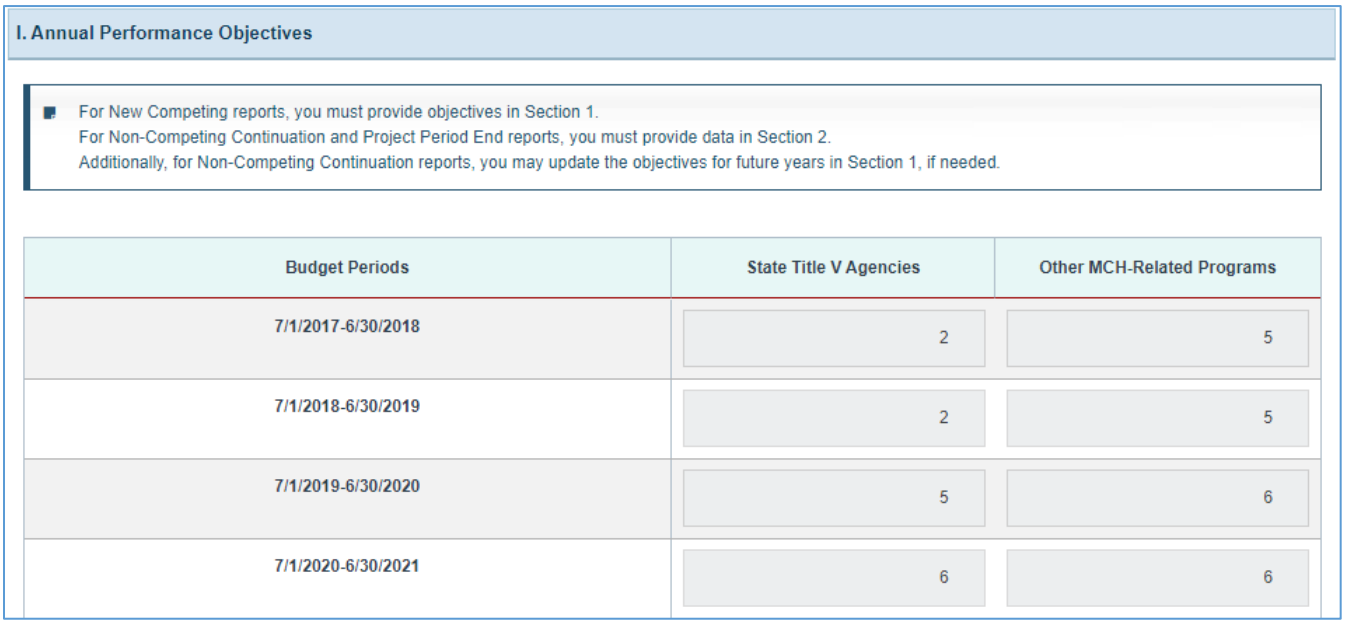


Benchmark Data Sources	ECBP-DO9: Increase core clinical prevention and population health education in medical schools. ECBP-D10: Increase core clinical prevention and population health education in nursing schools. ECBP-D11: Increase core clinical prevention and population health education in physician assistant training programs. ECBP-D12: Increase core clinical prevention and population health education in pharmacy schools. ECBP-D13: Increase core clinical prevention and population health education in dental schools. PHI-06: Increase the proportion of state public health agencies that use core competencies in continuing education. PHI-07: Increase the proportion of local public health agencies that use core competencies in continuing education. PHI-DO1: Increase the proportion of tribal public health agencies that use core competencies in continuing education. Show less
Grantee Data Sources	The training program completes the attached table which describes the categories of collaborative activity.
Significance	As a SPRANS grantee, a training program enhances the Title V State block grants that support the MCHB Strategic Plan Goal 1: to assure access to high-quality and equitable health services to optimize health and well-being for all MCH populations. Interactive collaboration between a training program and Federal, Tribal, State and local agencies dedicated to improving the health of MCH populations will increase active involvement of many disciplines across public and private sectors and increase the likelihood of success in meeting the goals of relevant stakeholders. This measure will document a training program's abilities to: 1) collaborate with State Title V and other agencies (at a systems level) to support achievement of MCHB Strategic Goals and Healthy People 2030 objectives; 2) make the needs of MCH populations more visible to decision-makers and can help states achieve best practice standards for their systems of care; and 3) internally use these data to assure a full scope of these program elements in all regions. Show less
State Title V Agencies	These programs include State Block Grant funded or supported activities.
Other MCH-related programs	Other maternal and child health-related programs (both MCHB-funded and funded from other sources) include, but are not limited to: State Health Department, State Adolescent Health, Social Service Agency, Medicaid Agency, Education, Juvenile Justice, Early Intervention, Home Visiting, Professional Organizations/Associations, Family and/or Consumer Group, Foundation, Clinical Program/Hospitals, Local and State Division of Mental Health, Developmental Disability Agencies, Other programs working with Maternal and Child Health Populations. Show less
Service	Ongoing collaborations with clinical locations should be counted as one activity (For example: multiple trainees rotate through the same community-based clinical site over the course of the year. This should be counted as one activity.) Show less

ANNUAL PERFORMANCE OBJECTIVES

1. In this section, the grantee must provide objectives for **New Competing Performance Reports (NCPRs)**:
    a. *State Title V Agencies*: Enter an integer from 0-6 for each budget period.
    b. *Other MCH-related Programs*: Enter an integer from 0-6.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**:
    a. Pre-population: All budget period objectives will be prepopulated from the previously approved report.
    b. Annual Performance Objectives: For current and previous years, annual objective fields will not be editable.
    c. For **Non-Competing Continuation Performance Reports (NCCPRs)** future years, grantees will have the ability to edit/modify the annual objective fields if needed.

Figure 18: Training 04: Annual Performance Objectives



I. Annual Performance Objectives

For New Competing reports, you must provide objectives in Section 1.
For Non-Competing Continuation and Project Period End reports, you must provide data in Section 2.
Additionally, for Non-Competing Continuation reports, you may update the objectives for future years in Section 1, if needed.

Budget Periods	State Title V Agencies	Other MCH-Related Programs
7/1/2017-6/30/2018	2	5
7/1/2018-6/30/2019	2	5
7/1/2019-6/30/2020	5	6
7/1/2020-6/30/2021	6	6

DATA COLLECTION FOR DETAIL SHEET – COLLABORATIVE INTERACTIONS

In this form the grantee may select either *Yes* (*1*) or *No* (*0*) to reflect whether the training program has addressed the following program elements. If the grantee selects *Yes*, then they also need to provide the total number of activities for program. The grantee may provide information for each of the following elements:

1. *State Title V Agencies, Yes (1)/No (0)* (required): Select either *Yes* or *No* from the dropdown menu. (NOTE: Selecting the *Yes* option will unlock the next field (*State Title V Agencies Number of Activities*) and selecting the *No* option will keep the next field locked.
2. *State Title V Agencies Number of Activities*: Enter an integer from 0–999,999. If the field is unlocked, then it is required.
3. *Other MCH-related Programs, Yes (1)/No (0)* (required): Select either *Yes* or *No* from the dropdown menu. (NOTE: Selecting the *Yes* option will unlock the next field (*Other MCH-related Program Number of Activities*) and selecting the *No* option will keep the next field locked.
4. *Other MCH-related Programs Number of Activities*: Enter an integer from 0–999,999. If this field is unlocked, then it is required.

Figure 19: Training 04: Data Collection Form for Detail Sheet – Collaborative Interactions

II. Data Collection for Detail Sheet - Collaborative Interactions

Element	State Title V Agencies Yes (1) / No (0)	State Title V Agencies Number of Activities	Other MCH-Related Programs Yes (1) / No (0)	Other MCH-Related Programs Number of Activities
1. Service Examples might include: Clinics run by the training program and/ or in collaboration with other agencies.	Yes	20	Yes	20
2. Training Examples might include: Training in Bright Futures; Workshops related to adolescent health practice; and Community-based practices. It would not include clinical supervision of long-term trainees.	Yes	20	Yes	20
3. Continuing Education Examples might include: Conferences; Distance learning; and Computer-based educational experiences. It would not include formal classes or seminars for long-term trainees.	No		Yes	20
4. Technical Assistance Examples might include: Conducting needs assessments with State programs; policy development; grant writing assistance; identifying best-practices; and leading collaborative groups. It would not include conducting needs assessments of consumers of the training program services.	Yes	20	Yes	20
5. Product Development Examples might include: Collaborative development of journal articles and training or informational videos.	Yes	20	No	
6. Research Examples might include: Collaborative submission of research grants, research teams that include Title V or other MCH-program staff and the training program's faculty.	No		Yes	20

ANNUAL PERFORMANCE SCORE

This section will be automatically populated based on the information provided in section 2, Data Collection Form for Detail Sheet – Collaborative Interactions.

Figure 20: Training 04 Annual Performance Score

III. Annual Performance Score

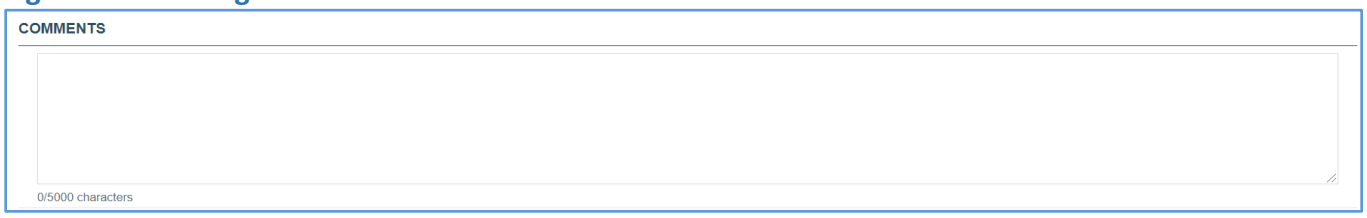
The score is calculated based on the information provided in Section 2.

Budget Periods	State Title V Agencies	State Title V Agencies Activities	Other MCH-Related Programs	Other MCH-Related Program Activities
6/1/2020-5/31/2021	4	80	5	100

COMMENTS

The grantee may provide additional comments here.

Figure 21: Training 04: COMMENTS



FORM-LEVEL RULES AND VALIDATIONS

1. For **New Competing Performance Reports (NCPRs),** the grantee must provide objectives in section 1.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee must provide data in section 2.
3. For **Non-Competing Continuation Performance Reports (NCCPRs)**, the grantee may update the objectives for future years in section 1, if needed.
4. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

TRAINING FORM 5

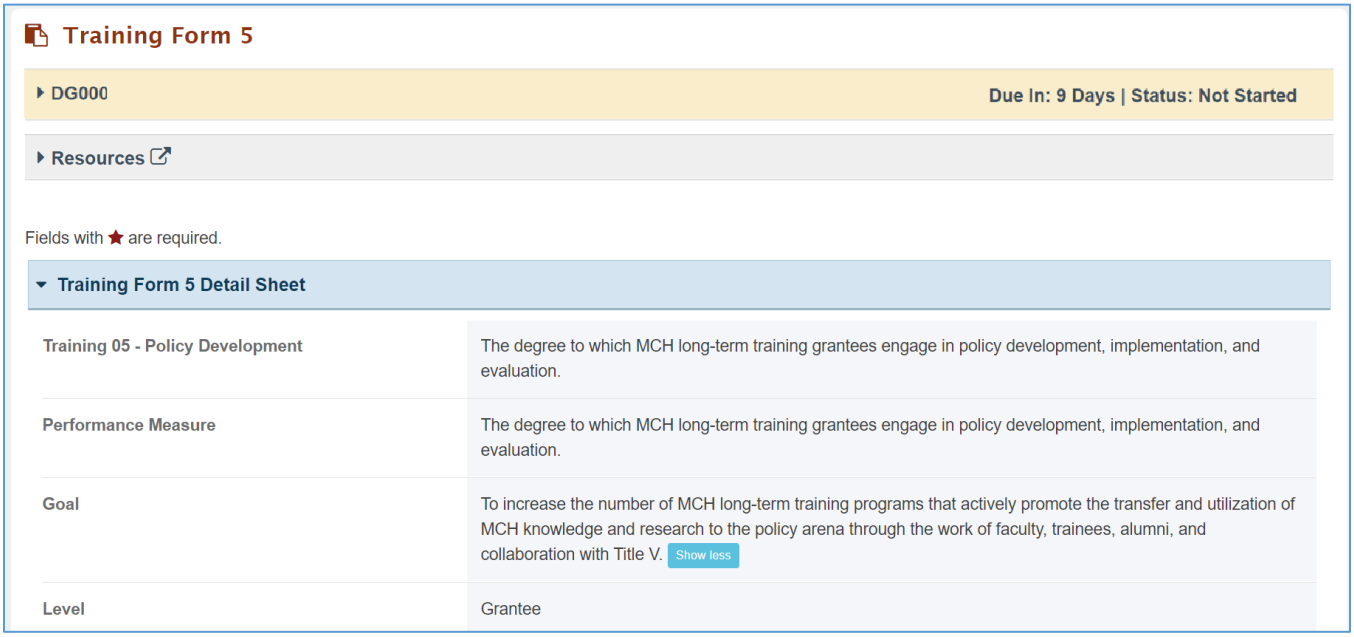
FORM INSTRUCTIONS

TRAINING FORM 05 DETAIL SHEET

The following information is under the **Training Form 05 Detail Sheet**. The grantee may expand the accordion menu to view the details:

1. Training 05 – Policy Development
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 22: Training 05: Detail Sheet

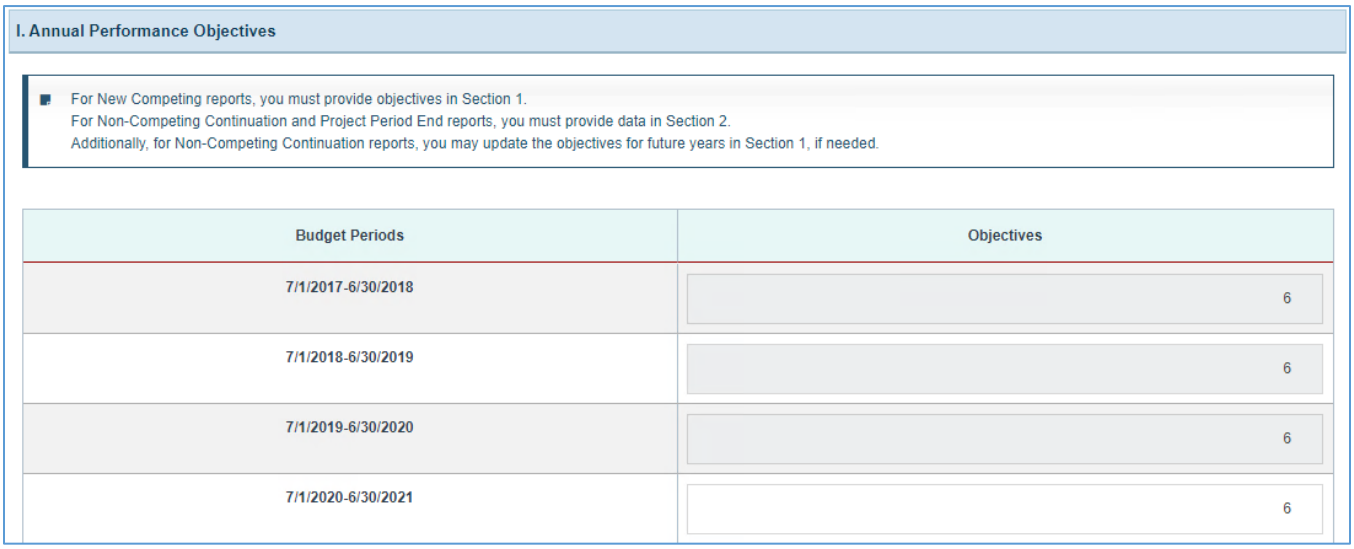


Domain	MCH Workforce Development
Definition	Attached is a list of six elements that demonstrate policy engagement. Please check yes or no to indicate which the elements have been implemented. Please keep the completed checklist attached. Policy development, implementation and evaluation in the context of MCH training programs relates to the process of translating research to policy and training for leadership in the core public health function of policy development. Show less
Benchmark Data Sources	PHI-R02: Expand public health pipeline programs that include service or experiential learning. PHI-R03: Increase use of core and discipline-specific competencies to drive workforce development. Show less
Grantee Data Sources	The below data collection form is to be completed by grantees.
Significance	Policy development is one of the three core functions of public health as defined by the Institute of Medicine in The Future of Public Health (National Academy Press, Washington DC, 2015). In this landmark report by the IOM, the committee recommends that "every public health agency exercise its responsibility to serve the public interest in the development of comprehensive public health policies by promoting use of the scientific knowledge base in decision-making about public health and by leading in developing public health policy." Academic institutions such as schools of public health and research universities have the dual responsibility to develop knowledge and to produce well-trained professional practitioners. This national performance measure relates directly to MCHB Strategic Plan Goal 3: Strengthen public health capacity and workforce in MCH. Show less

ANNUAL PERFORMANCE OBJECTIVES

1. In this section, the grantee must provide objectives for **New Competing Performance Reports (NCPRs)**:
    a. *Objectives* (required): Enter an integer from 0–6 for each budget period. (NOTE: If the grantee adds any integer of seven or above, the system will show an error.)
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**:
    a. Pre-population: All budget period objectives will be prepopulated from the previously approved report.
    b. Annual Performance Objectives: For current and previous years, annual objective fields will not be editable.
    c. For **Non-Competing Continuation Performance Reports (NCCPRs)** future years, grantees will have the ability to edit/modify the annual objective fields if needed.

Figure 23: Training 05: Annual Performance Objectives



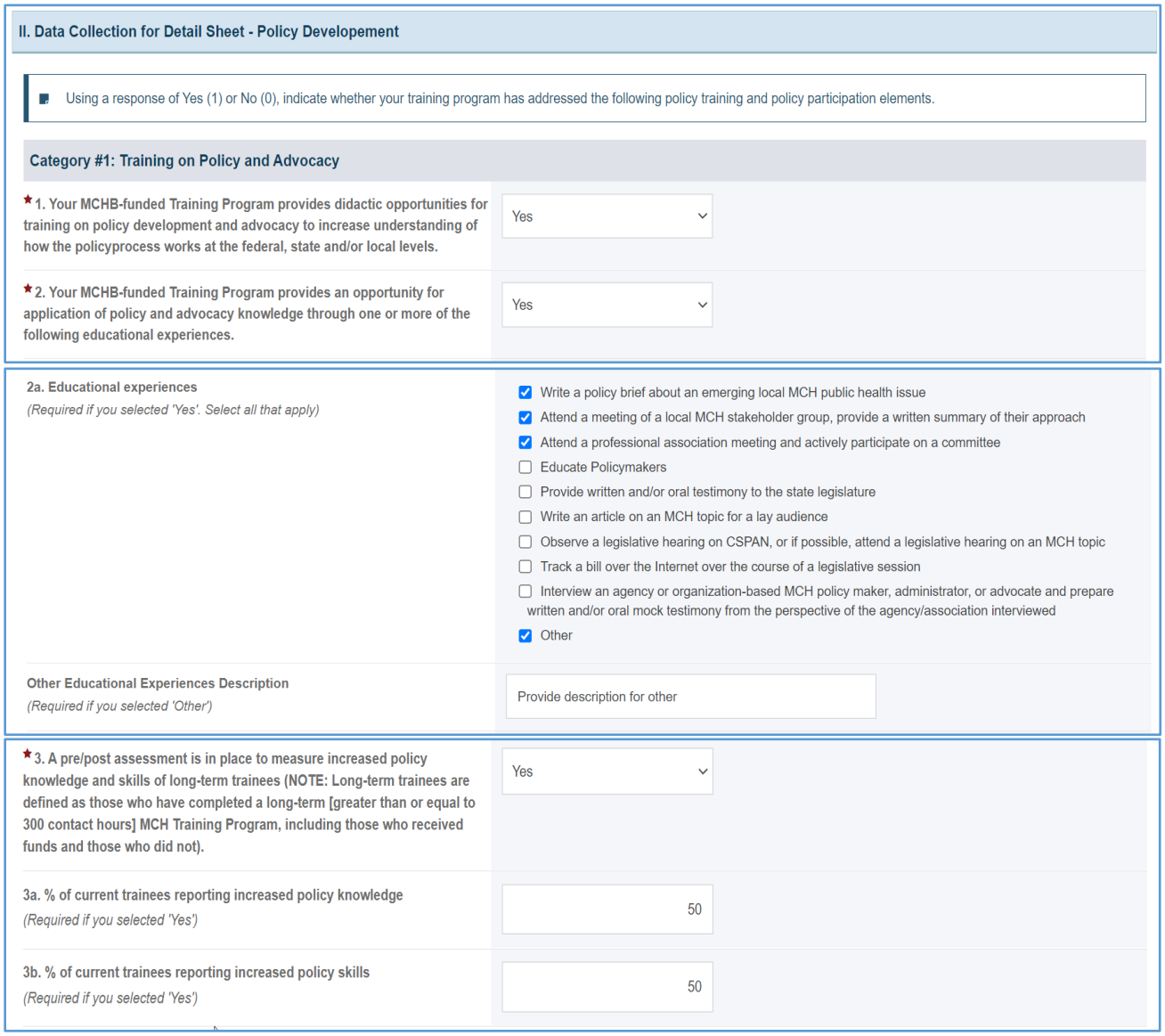
DATA COLLECTION FOR DETAIL SHEET – POLICY DEVELOPMENT

In this form, the grantee must select either *Yes* (*1*) or *No* (*0*) to reflect whether the training program has addressed the following policy training and policy participation elements:

1. Training on Policy and Advocacy
    a. *Your MCHB-funded Training Program provides didactic opportunities for training on policy development and advocacy to increase your understanding of how the policy process works at the federal, state, and/or local levels* (required): The grantee must select either *Yes* or *No* from the dropdown menu. This is a required field.
    b. *Your MCHB-funded Training Program provides an opportunity to apply your policy and advocacy knowledge through one or more of the following educational experiences* (required): The grantee must select either *Yes* or *No* from the dropdown menu. If the grantee selects the *Yes* option, it will unlock the Educational Experiences field; selecting the *No* option will keep the field locked.
2. *Educational Experiences*: This is a required field if you selected *Yes*. Select all that apply. If the field is unlocked, then it is required, and you must select at least one option.
3. *Other Educational Experiences Description*: Enter a description. This field is required if you selected *Other*.
4. *A pre/post-assessment is in place to measure increased policy knowledge and skills of long-term trainees* (required): The grantee must select either *Yes* or *No* from the dropdown menu. If the grantee selects the *Yes* option, it will unlock the *Percentage of Current Trainees Reporting Increased Policy Knowledge* field and the *Percentage of Current Trainees Reporting Increased Policy Skills* section. Selecting the *No* option will keep the fields locked. (NOTE: Long-term trainees are defined as those who have completed a long-term [greater than or equal to 300 contact hours] MCH Training Program, including those who received funds and those who did not.)
5. *Percentage of Current Trainees Reporting Increased Policy Knowledge*: Enter an integer from 0–100. This field is required if you selected *Yes*. (NOTE: If unlocked, then this field is required.)
6. *Percentage of Current Trainees Reporting Increased Policy Skills*: Enter an integer from 0–100.

This field is required if you selected *Yes*. (NOTE: If unlocked, then this field is required.)

Figure 24: Training 05: Data Collection Form for Detail Sheet – Policy Development - Category #1



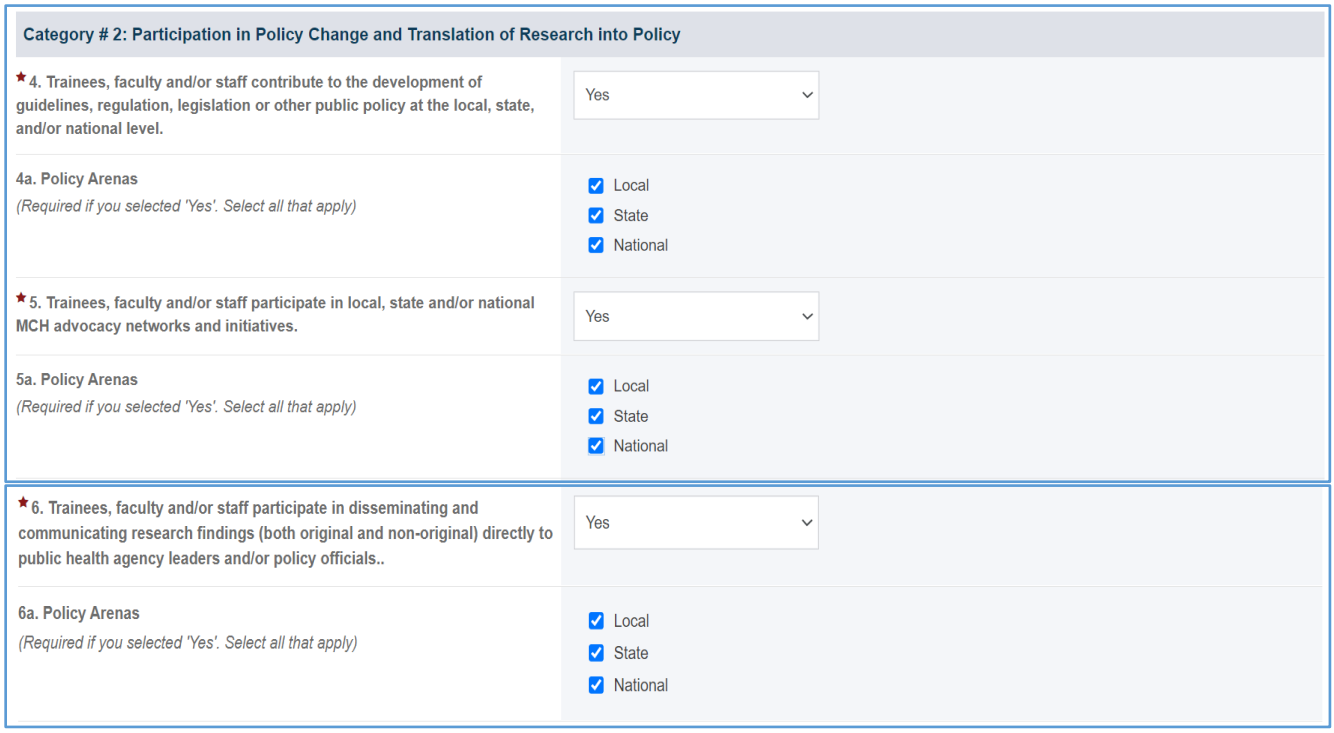
PARTICIPATION IN POLICY CHANGE AND TRANSLATION OF RESEARCH INTO POLICY:

1. In this section, the grantee must select either *Yes* (*1*) or *No* (*0*) to reflect whether the trainees, faculty, and/or staff contribute to the development of guidelines, regulations, legislation, or other public policy at the local, state, and/or national levels. The grantee must select either *Yes* or *No* from the dropdown menu. Selecting the *Yes* option will unlock the next field (*Policy Arenas*) and selecting the *No* option will keep the next field locked. This is a required field.
2. *Policy Arenas*: Select at least one option from the checkbox. This field is required if you selected *Yes*. Select all that apply.
3. In this section, the grantee must select either *Yes* (*1*) or *No* (*0*) to reflect whether the trainees, faculty, and/or staff participate in local, state, and/or national MCH advocacy networks and

initiatives. The grantee must select either *Yes* or *No* from the dropdown menu. Selecting the *Yes* option will unlock the next field (*Policy Arenas*) and selecting the *No* option will keep the next field locked. This is a required field.

4. *Policy Arenas*: Select at least one option from the checkbox. This is a required field if you selected *Yes*. Select all that apply.
5. In this section, the grantee must select either *Yes* (*1*) or *No* (*0*) to reflect whether the trainees, faculty, and/or staff participate in disseminating and communicating research findings (both original and non-original) directly to public health agency leaders and/or policy officials. The grantee must select either *Yes* or *No* from the dropdown menu. Selecting the *Yes* option will unlock the next field (*Policy Arenas*) and selecting the *No* option will keep the next field locked. This is a required field.
    a. *Policy Arenas*: Select at least one option from the checkbox. This field is required if you selected *Yes*. Select all that apply.

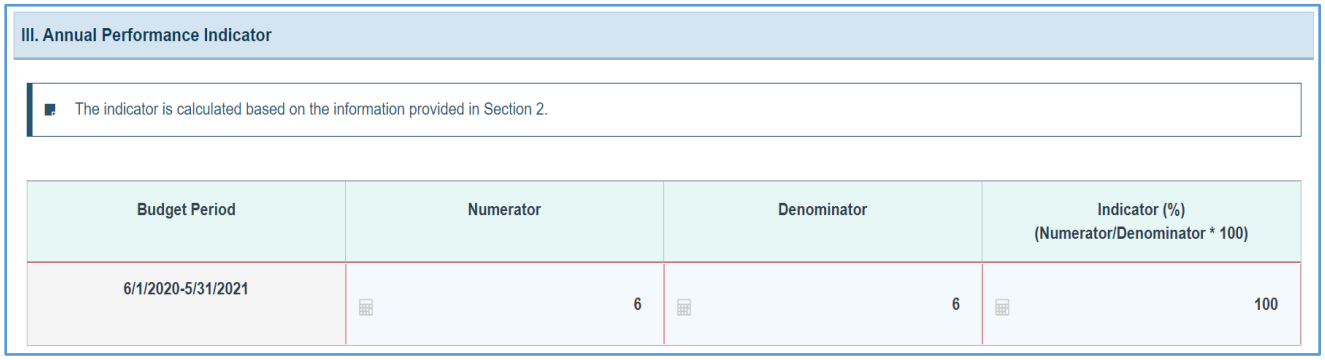
Figure 25: Training 05: Data Collection Form for Detail Sheet – Policy Development - Category #2



ANNUAL PERFORMANCE INDICATOR

This section will be automatically populated based on the information provided in section 2, Data Collection Form for Detail Sheet – Policy Development.

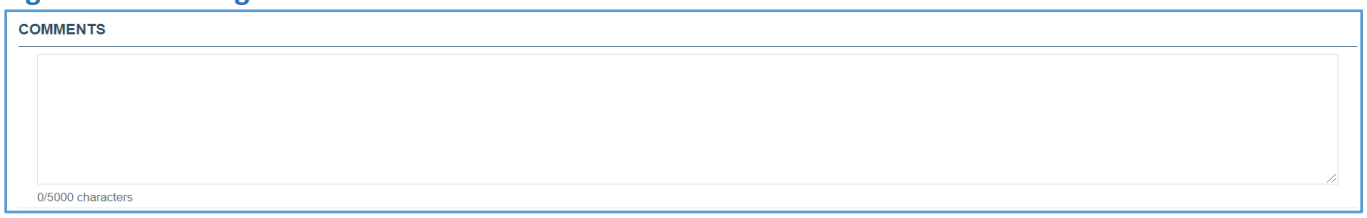
Figure 26: Training 05: Annual Performance Indicator



COMMENTS

The grantee may provide additional comments here.

Figure 27: Training 05: COMMENTS



FORM-LEVEL RULES AND VALIDATIONS

1. For **New Competing Performance Reports (NCPRs),** the grantee must provide objectives in section 1.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee must provide data in section 2.
3. For **Non-Competing Continuation Performance Reports (NCCPRs)**, the grantee may update the objectives for future years in section 1, if needed.
4. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

TRAINING FORM 6

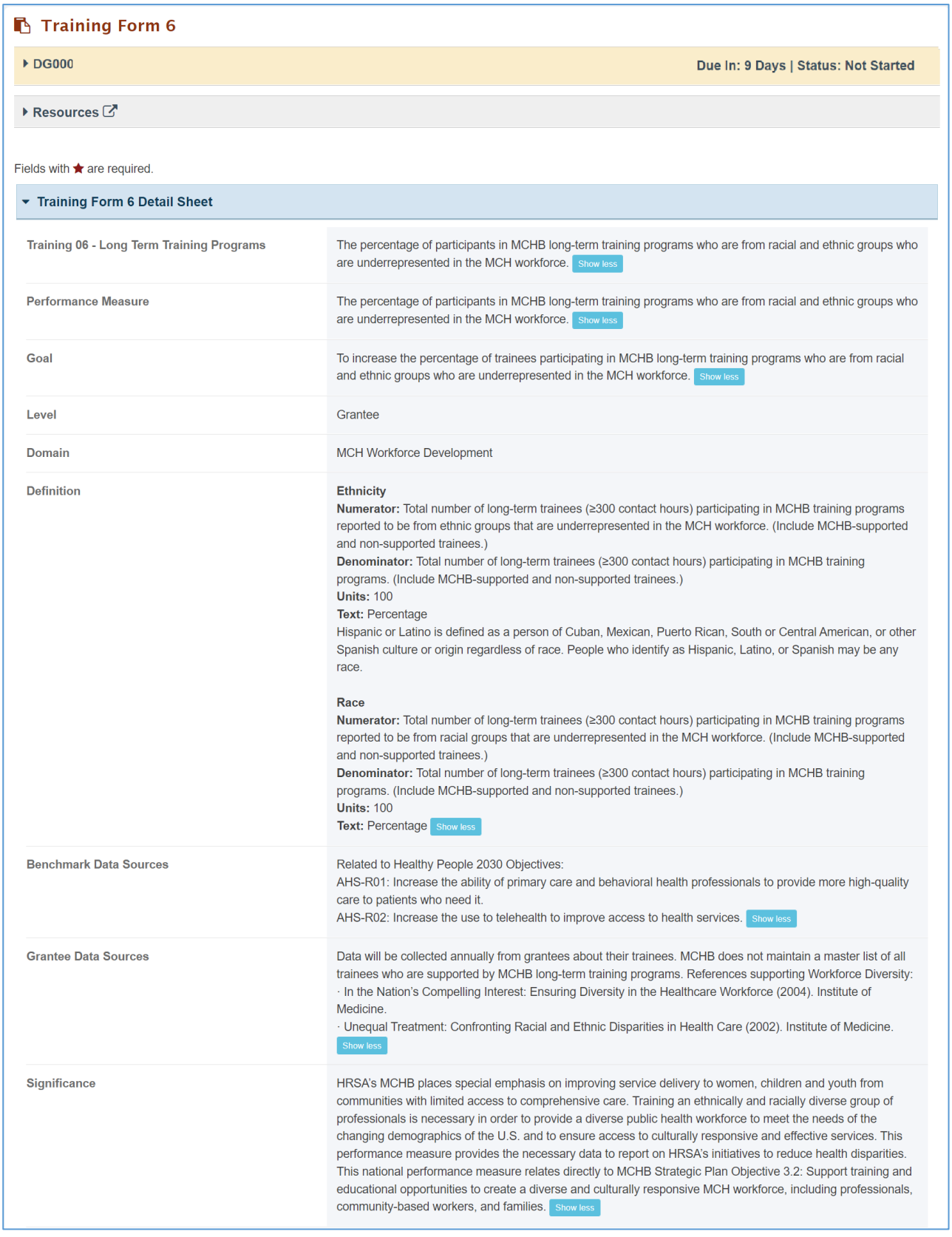
FORM INSTRUCTIONS

TRAINING FORM 06 DETAIL SHEET

The following information is under the **Training Form 06 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Training 06 – Long-Term Training Programs
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 28: Training 06: Detail Sheet



Training Form 6

DG000 — Due In: 9 Days | Status: Not Started

Resources

Fields with ★ are required.

Training Form 6 Detail Sheet

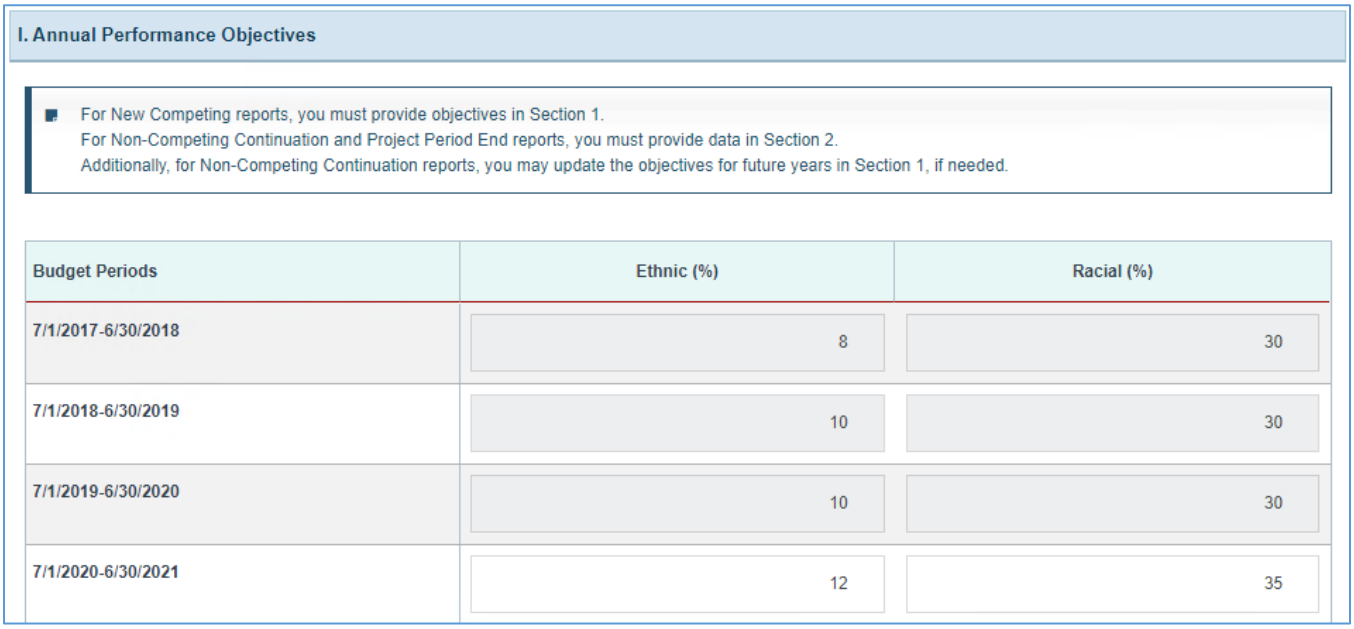
Training 06 - Long Term Training Programs	The percentage of participants in MCHB long-term training programs who are from racial and ethnic groups who are underrepresented in the MCH workforce. Show less
Performance Measure	The percentage of participants in MCHB long-term training programs who are from racial and ethnic groups who are underrepresented in the MCH workforce. Show less
Goal	To increase the percentage of trainees participating in MCHB long-term training programs who are from racial and ethnic groups who are underrepresented in the MCH workforce. Show less
Level	Grantee
Domain	MCH Workforce Development
Definition	**Ethnicity** **Numerator:** Total number of long-term trainees (≥300 contact hours) participating in MCHB training programs reported to be from ethnic groups that are underrepresented in the MCH workforce. (Include MCHB-supported and non-supported trainees.) **Denominator:** Total number of long-term trainees (≥300 contact hours) participating in MCHB training programs. (Include MCHB-supported and non-supported trainees.) **Units:** 100 **Text:** Percentage Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. People who identify as Hispanic, Latino, or Spanish may be any race. **Race** **Numerator:** Total number of long-term trainees (≥300 contact hours) participating in MCHB training programs reported to be from racial groups that are underrepresented in the MCH workforce. (Include MCHB-supported and non-supported trainees.) **Denominator:** Total number of long-term trainees (≥300 contact hours) participating in MCHB training programs. (Include MCHB-supported and non-supported trainees.) **Units:** 100 **Text:** Percentage Show less
Benchmark Data Sources	Related to Healthy People 2030 Objectives: AHS-R01: Increase the ability of primary care and behavioral health professionals to provide more high-quality care to patients who need it. AHS-R02: Increase the use to telehealth to improve access to health services. Show less
Grantee Data Sources	Data will be collected annually from grantees about their trainees. MCHB does not maintain a master list of all trainees who are supported by MCHB long-term training programs. References supporting Workforce Diversity: · In the Nation's Compelling Interest: Ensuring Diversity in the Healthcare Workforce (2004). Institute of Medicine. · Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (2002). Institute of Medicine. Show less
Significance	HRSA's MCHB places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. Training an ethnically and racially diverse group of professionals is necessary in order to provide a diverse public health workforce to meet the needs of the changing demographics of the U.S. and to ensure access to culturally responsive and effective services. This performance measure provides the necessary data to report on HRSA's initiatives to reduce health disparities. This national performance measure relates directly to MCHB Strategic Plan Objective 3.2: Support training and educational opportunities to create a diverse and culturally responsive MCH workforce, including professionals, community-based workers, and families. Show less

ANNUAL PERFORMANCE OBJECTIVES

1. In this section, the grantee must provide objectives for **New Competing Performance Reports (NCPRs)**:
    a. *Ethnicity (%)*: Enter an integer from 0–100 for each budget period.
    b. *Racial (%)*: Enter an integer from 0–100 for each budget period.

    NOTE: The above fields will only accept an integer.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**:
    a. Pre-population: All budget period objectives will be prepopulated from the previously approved report.
    b. Annual Performance Objectives: For current and previous years, annual objective fields will not be editable.
    c. For **Non-Competing Continuation Performance Reports (NCCPRs)** future years, grantees will have the ability to edit/modify the annual objective fields if needed.

Figure 29: Training 06: Annual Performance Objectives



I. Annual Performance Objectives

For New Competing reports, you must provide objectives in Section 1.
For Non-Competing Continuation and Project Period End reports, you must provide data in Section 2.
Additionally, for Non-Competing Continuation reports, you may update the objectives for future years in Section 1, if needed.

Budget Periods	Ethnic (%)	Racial (%)
7/1/2017-6/30/2018	8	30
7/1/2018-6/30/2019	10	30
7/1/2019-6/30/2020	10	30
7/1/2020-6/30/2021	12	35

DATA COLLECTION FOR DETAIL SHEET – LONG-TERM TRAINING PROGRAM

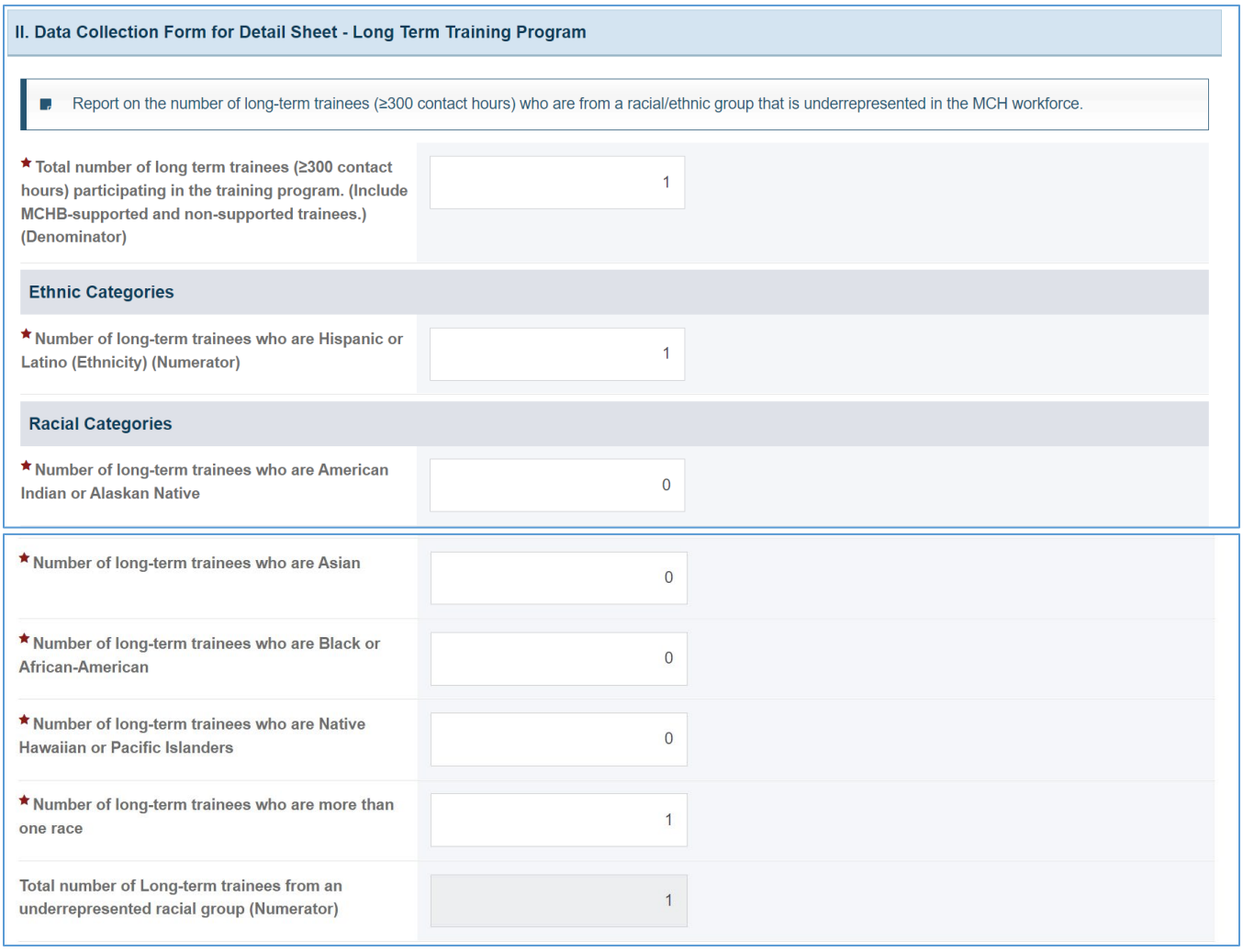
1. *Total number of long-term trainees (≥300 contact hours) participating in the training program. Include MCHB-supported and non-supported trainees. (Denominator)*: Enter an integer from 0–99,999. This value should match the *Total Number of Trainees (X)* on the Long-Term Trainee form. This is a required field.
2. Ethnic Categories:
    a. *Number of long-term trainees who are Hispanic or Latino (Ethnicity) (Numerator)*: Enter an integer from 0–999,999. This value should be less than or equal to the *Total Number of Long-Term Trainees (X)*. This is a required field.
3. Racial Categories:
    a. *Number of long-term trainees who are American Indian or Alaskan Native*: Enter an

integer from 0–999,999.

b. *Number of long-term trainees who are Asian*: Enter an integer from 0–999,999.
c. *Number of long-term trainees who are Black or African-American*: Enter an integer from 0–999,999.
d. *Number of long-term trainees who are Native Hawaiian or Pacific Islanders*: Enter an integer from 0–999,999.
e. *Number of long-term trainees who are more than one race*: Enter an integer from 0–999,999.

4. *Total number of long-term trainees from an underrepresented racial group (Numerator):* This will be automatically populated as a sum of all the above fields. The value in the *Total* field should be less than or equal to the *Total Number of Long-Term Trainees (X)*; if it is not, the system will show an error.
   NOTE: All the above fields are required.

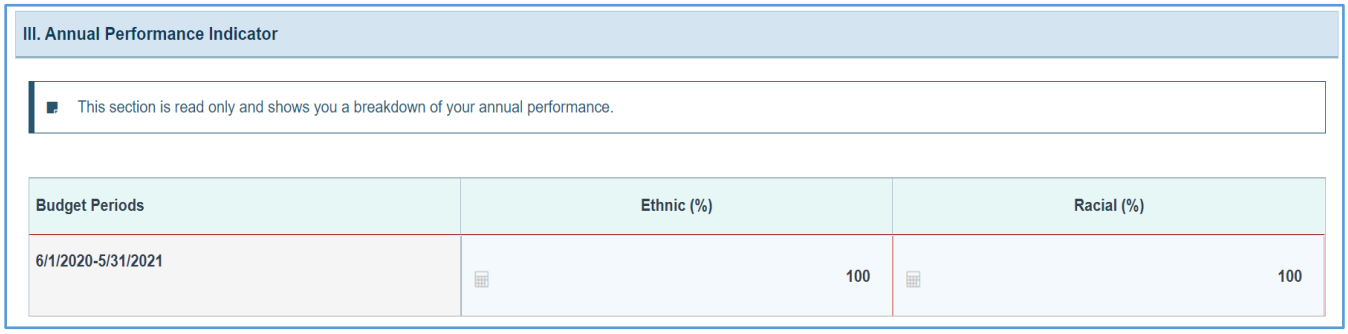
Figure 30: Training 06: Data Collection Form for Detail Sheet – Long-Term Training Program



ANNUAL PERFORMANCE SCORE

This section will be automatically populated based on the information provided in section 2, Data Collection Form for Detail Sheet – Long-Term Training Programs.

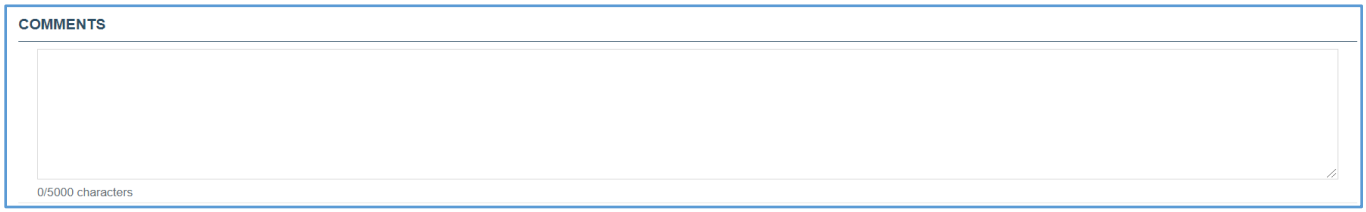
Figure 31: Training 06: Annual Performance Indicator



COMMENTS

The grantee may provide additional comments here.

Figure 32: Training 06: COMMENTS



FORM-LEVEL RULES AND VALIDATIONS

1. For **New Competing Performance Reports (NCPRs)**, the grantee must provide objectives in section 1.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee must provide data in section 2.
3. For **Non-Competing Continuation Performance Reports (NCCPRs)**, the grantee may update the objectives for future years in section 1, if needed.
4. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

TRAINING FORM 7

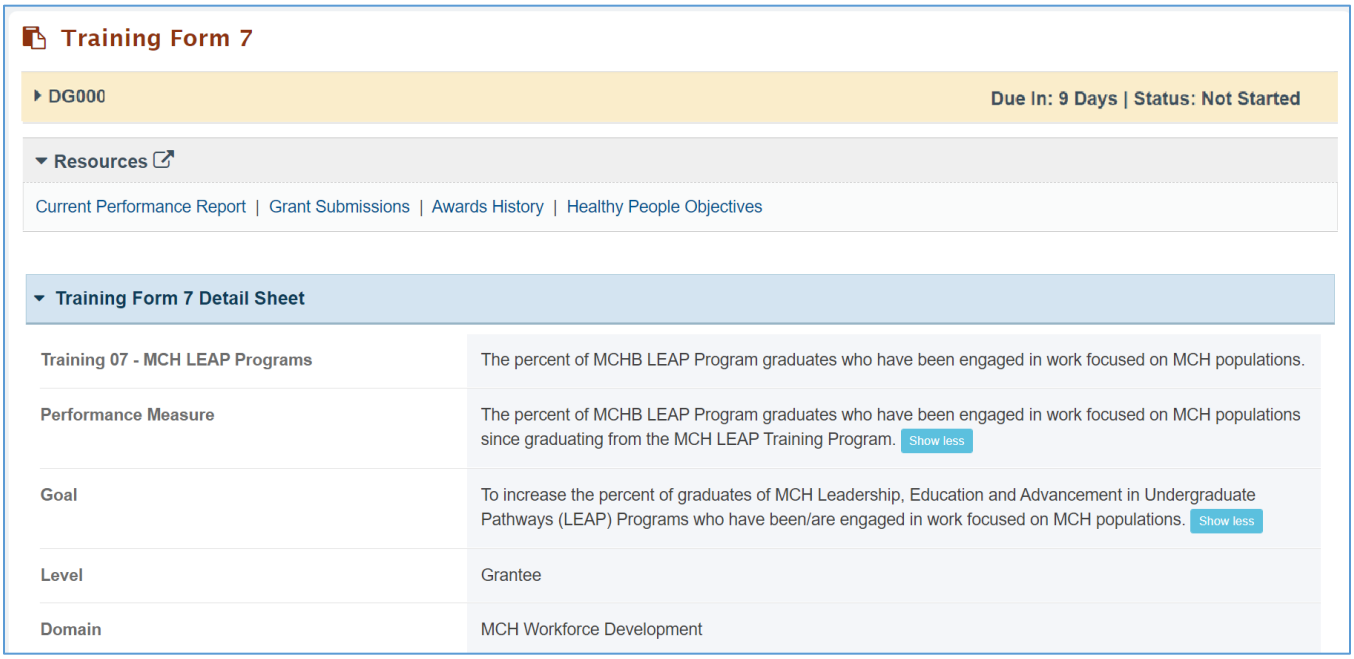
FORM INSTRUCTIONS

TRAINING FORM 07 DETAIL SHEET

The following information is under the **Training Form 07 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Training 07 – MCH Leadership, Education and Advancement in Undergraduate Pathways (LEAP) Programs
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 33: Training 07: Detail Sheet

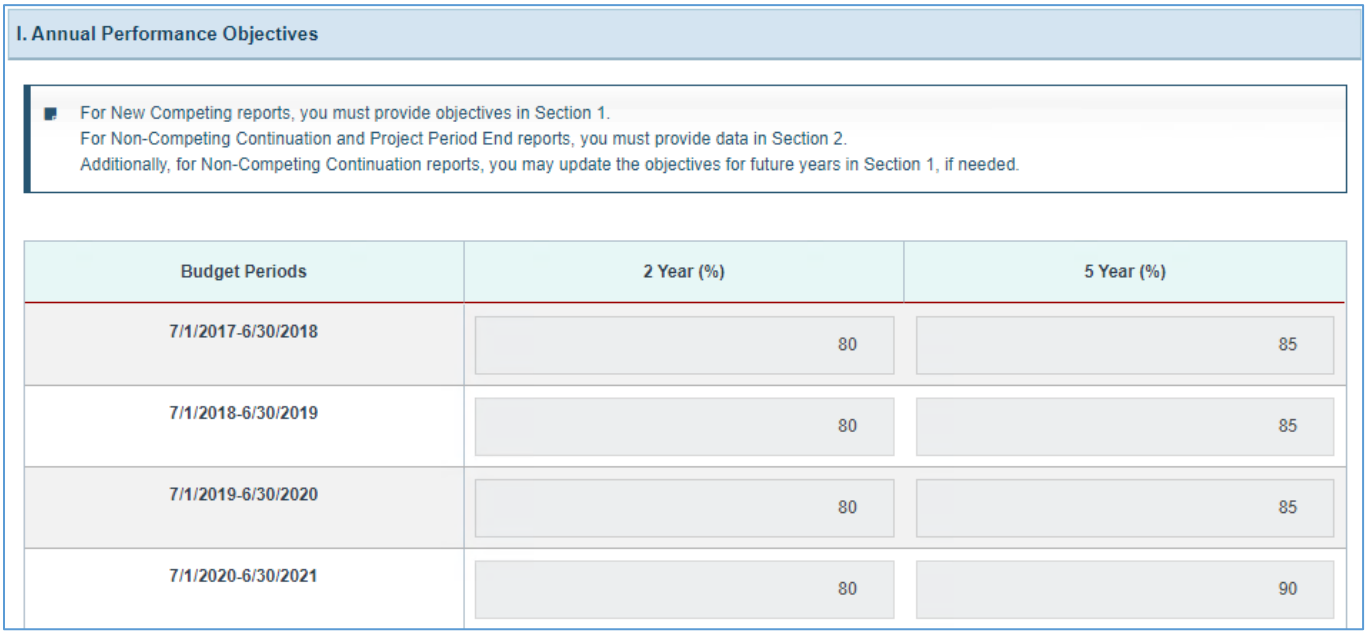


Definition	**Numerator:** Number of LEAP graduates reporting they have been engaged in work focused on MCH populations since graduating from the MCH LEAP Training Program. **Denominator:** The total number of trainees responding to the survey **Units:** 100 **Text:** Percent MCH LEAP trainees are defined as undergraduate students from underserved or underrepresented backgrounds, including trainees from racially and ethnically underrepresented groups who receive education, mentoring, and guidance to increase their interest and entry into MCH public health and related health professions. **MCH Populations:** Includes women, infants and children, adolescents, young adults, and their families including fathers, and children and youth with special health care needs. Show less
Benchmark Data Sources	Related to Healthy People 2030: AHS-R01: Increase the ability of primary care and behavioral health professionals to provide more high-quality care to patients who need it. AHS-R02: Increase the use to telehealth to improve access to health services. PHI-R02: Expand public health pipeline programs that include service or experiential learning. PHI-R03: Increase use of core and discipline-specific competencies to drive workforce development Show less
Grantee Data Sources	A LEAP program follow-up survey will be used to collect these data.
Significance	HRSA's MCHB places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. This national performance measure relates directly to MCHB Strategic Plan Goal 3: Strengthen public health capacity and workforce for MCH. Show less

ANNUAL PERFORMANCE OBJECTIVES

1. In this section, the grantee must provide objectives for **New Competing Performance Reports (NCPRs)**:
    a. *2 Year (%)*: Enter an integer from 0–100 for each budget period.
    b. *5 Year (%)*: Enter an integer from 0–100 for each budget period.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**:
    a. Pre-population: All budget period objectives will be prepopulated from the previously approved report.
    b. Annual Performance Objectives: For current and previous years, annual objective fields will not be editable.
    c. For **Non-Competing Continuation Performance Reports (NCCPRs)** future years, grantees will have the ability to edit/modify the annual objective fields if needed.

Figure 34: Training 07: Annual Performance Objectives



I. Annual Performance Objectives

For New Competing reports, you must provide objectives in Section 1.
For Non-Competing Continuation and Project Period End reports, you must provide data in Section 2.
Additionally, for Non-Competing Continuation reports, you may update the objectives for future years in Section 1, if needed.

Budget Periods	2 Year (%)	5 Year (%)
7/1/2017-6/30/2018	80	85
7/1/2018-6/30/2019	80	85
7/1/2019-6/30/2020	80	85
7/1/2020-6/30/2021	80	90

DATA COLLECTION FOR DETAIL SHEET – MCH LEAP PROGRAM

1. *Does your LEAP Program have trainees that graduated:* Select checkboxes. Selecting the checkbox *2 years* ago will unlock the same section. below. Selecting the checkbox *5 years ago* will unlock both sections for 2 and 5 YEARS AFTER GRADUATING FROM MCH LEAP PROGRAM.
2. 2 YEARS AFTER GRADUATING FROM MCH LEAP PROGRAM:
    a. *The total number of graduates 2 years after completing the program*: Enter an integer from 0 to 999,999. This value should be consistent across Training Measures 7, 8, and 9.
    b. *The total number of graduates lost to follow-up*: Enter an integer from 0 to 999,999. This value should be less than or equal to the value in field A; if it is not equal, an error message will appear.
    c. *The total number of respondents (A-B) = Denominator*: This section will be automatically populated based on the feedback above.

   d. *Number of respondents who report working with an MCH population since graduating from the MCH LEAP Training Program (Numerator)*: Enter an integer from 0 to 999,999.
   e. *Percent of respondents who report working with an MCH population since graduating from the MCH LEAP Training Program*: This section will be automatically populated based on the feedback above. If section is unlocked, all the above fields are required.

3. 5 YEARS AFTER GRADUATING FROM MCH LEAP PROGRAM:
   a. *The total number of graduates 5 years following completion of the program*: Enter an Integer from 0–999,999.
   b. *The total number of graduates lost to follow-up*: Enter an integer from 0 to 999,999. This value should be less than or equal to the value in field A; if it is not, an error message will appear.
   c. *The total number of respondents (A-B) = Denominator*: This section will be automatically populated based on the feedback above.
   d. *Number of respondents who report working with an MCH population since graduating from the MCH LEAP Training Program (Numerator)*: Enter an integer from 0 to 999,999.
   e. *Percent of respondents who report working with an MCH population since graduating from the MCH LEAP Training Program*: This will be automatically populated as a sum of all the above fields. If this section is unlocked, all of the above fields are required.

Figure 35: Training 07: Data Collection Form for Detail Sheet – MCH LEAP Program

II. Data Collection for Detail Sheet - MCH LEAP Program

If the individual works with more than one of these groups, only count them once.

Does your LEAP Program have trainees that graduated:	☑ 2 years ago ☑ 5 years ago

2 YEARS AFTER GRADUATING FROM MCH LEAP PROGRAM

A. The total number of graduates, 2 years following completion of program	25
B. The total number of graduates lost to follow-up	10
C. The total number of respondents (A-B) = Denominator	15
D. Number of respondents who report working with an MCH population since graduating from the MCH LEAP Training Program (Numerator)	15
E. Percent of respondents who report working with an MCH population since graduating from the MCH LEAP Training Program (%)	100

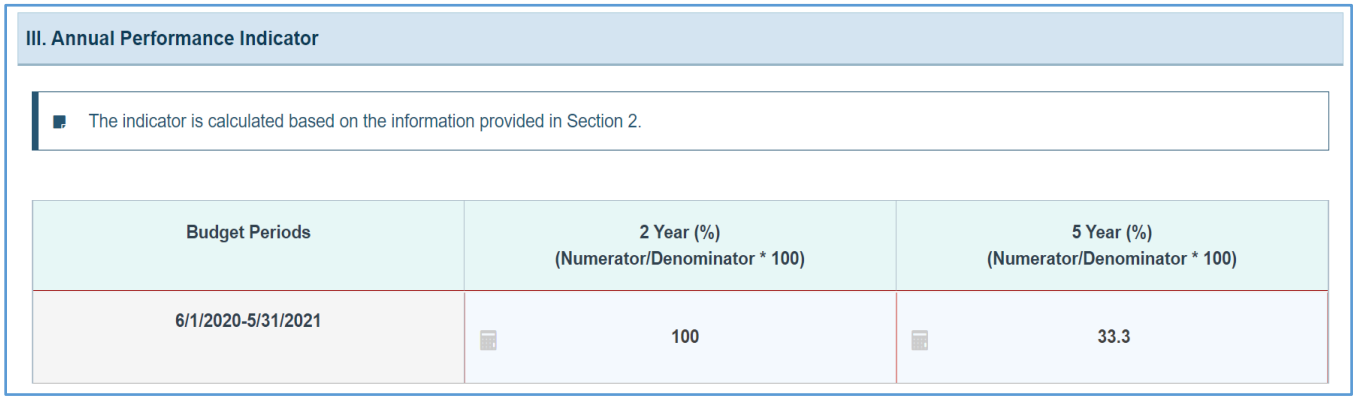
5 YEARS AFTER GRADUATING FROM MCH LEAP PROGRAM

A. The total number of graduates, 5 years following completion of program	40
B. The total number of graduates lost to follow-up	10
C. The total number of respondents (A-B) = Denominator	30
D. Number of respondents who report working with an MCH population since graduating from the MCH LEAP Training Program (Numerator)	10
E. Percent of respondents who report working with an MCH population since graduating from the MCH LEAP Training Program (%)	33.3

ANNUAL PERFORMANCE INDICATOR

This section will be automatically populated based on the information provided in section 2, Data Collection Form for Detail Sheet – MCH LEAP Program.

Figure 36: Training 07: Annual Performance Indicator



III. Annual Performance Indicator

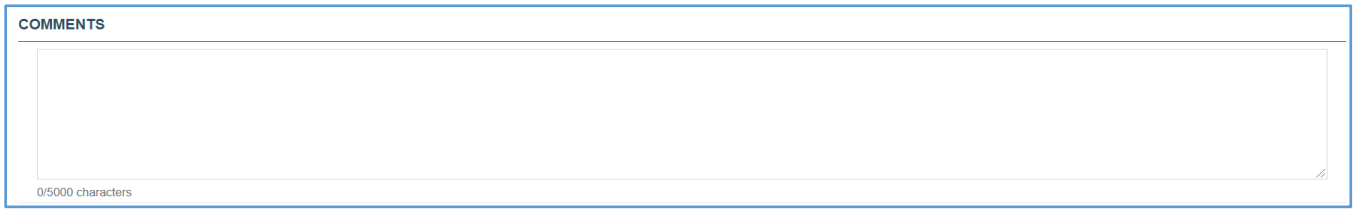
The indicator is calculated based on the information provided in Section 2.

Budget Periods	2 Year (%) (Numerator/Denominator * 100)	5 Year (%) (Numerator/Denominator * 100)
6/1/2020-5/31/2021	100	33.3

COMMENTS

The grantee may provide additional comments here.

Figure 371: Training 07: COMMENTS



COMMENTS

0/5000 characters

FORM-LEVEL RULES AND VALIDATIONS

1. For **New Competing Performance Reports (NCPRs)**, the grantee must provide objectives in section 1.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee must provide data in section 2.
3. For **Non-Competing Continuation Performance Reports (NCCPRs)**, the grantee may update the objectives for future years in section 1, if needed.
4. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

TRAINING FORM 8

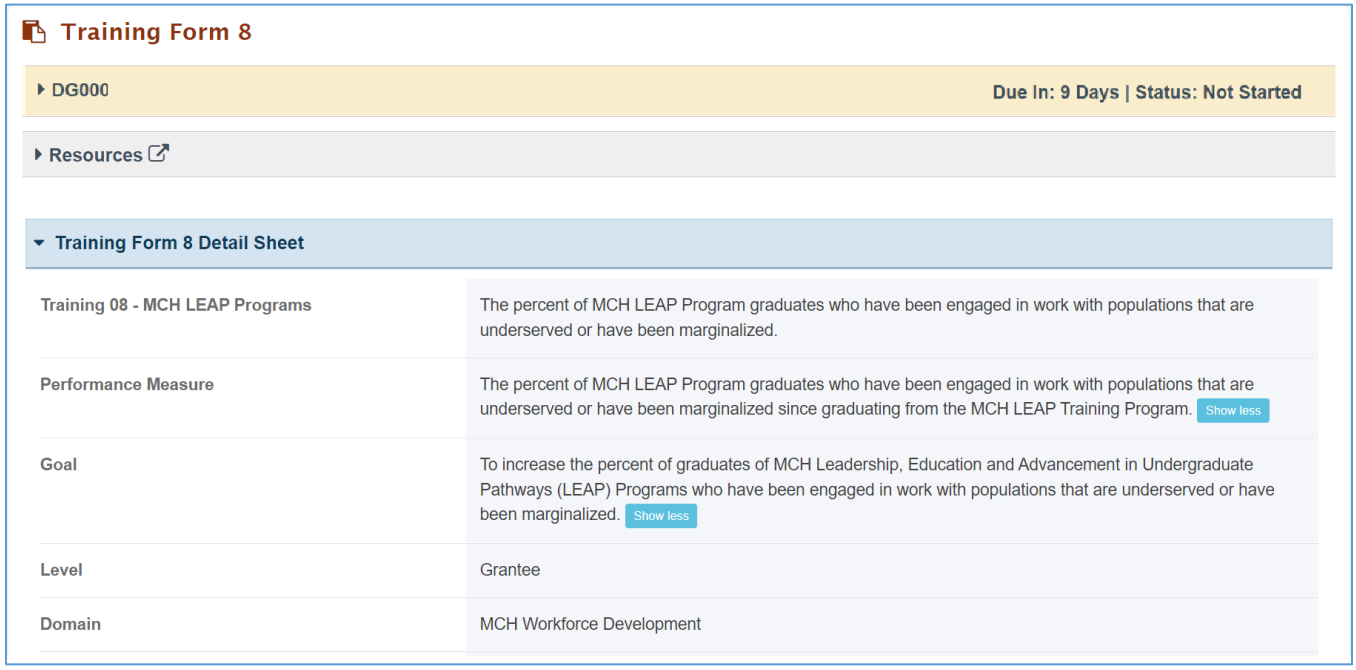
FORM INSTRUCTIONS

TRAINING FORM 08 DETAIL SHEET

The following information is under the **Training Form 08 Detail Sheet.** The grantee may expand the accordion menu to view the following details:

1. Training 08 – MCH LEAP Program
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Source
8. Grantee Data Sources
9. Significance

Figure 38: Training 08: Detail Sheet

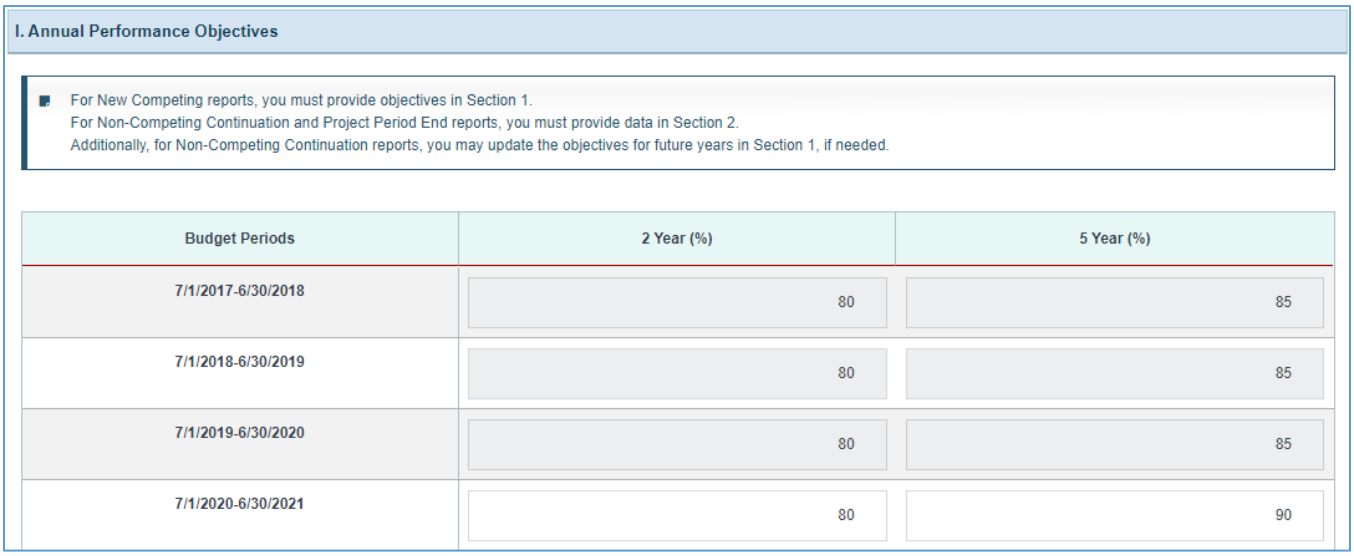


Definition	**Numerator:** Number of LEAP graduates reporting they have been engaged in work with populations that are underserved or have been marginalized since graduating from the MCH LEAP Training Program. **Denominator:** The total number of trainees responding to the survey **Units:** 100 **Text:** Percent MCH LEAP trainees are defined as undergraduate students from underserved or underrepresented backgrounds, including trainees from racially and ethnically underrepresented groups who receive education, mentoring, and guidance to increase their interest and entry into MCH public health and related fields. Populations that are underserved or have been marginalized refers to groups of individuals at higher risk for health disparities by virtue of their race or ethnicity, socio-economic status, geography, gender, age, disability status, or other risk factors including those associated with sex and gender. Show less
Benchmark Data Sources	Related to Healthy People 2030: AHS-R01: Increase the ability of primary care and behavioral health professionals to provide more high-quality care to patients who need it. AHS-R02: Increase the use of telehealth to improve access to health services. PHI-R02: Expand public health pipeline programs that include service or experiential learning. PHI-R03: Increase use of core and discipline-specific competencies to drive workforce development. Show less
Grantee Data Sources	A LEAP program follow-up survey will be used to collect these data. Data Sources Related to Training and Work Settings/Populations: Rittenhouse Diane R, George E. Fryer, Robert L. Pillips et al. Impact of Title Vii Training Programs on Community Health Center Staffing and National Health Service Corps Participation. Ann Fam Med 2008;6:397-405. DOI: 10.1370/afm.885. Karen E. Hauer, Steven J. Durning, Walter N. Kernan, et al. Factors Associated With Medical Students' Career Choices Regarding Internal Medicine JAMA. 2008;300(10):1154-1164 (doi:10.1001/jama.300.10.1154) Show less
Significance	HRSA's MCHB places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. This national performance measure relates directly to MCHB Strategic Plan Goal 3: Strengthen public health capacity and workforce for MCH. Show less

ANNUAL PERFORMANCE OBJECTIVES

1. In this section, the grantee must provide objectives for **New Competing Performance Reports (NCPRs)**:
    a. *2 Year (%) (required)*: Enter an integer from 0–100 for each budget period.
    b. *5 Year (%) (required)*: Enter an integer from 0–100 for each budget period.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**:
    a. Pre-population: All budget period objectives will be prepopulated from the previously approved report.
    b. Annual Performance Objectives: For current and previous years, annual objective fields will not be editable.
    c. For **Non-Competing Continuation Performance Reports (NCCPRs)** future years, grantees will have the ability to edit/modify the annual objective fields if needed.

Figure 39: Training 08: Annual Performance Objectives



I. Annual Performance Objectives

For New Competing reports, you must provide objectives in Section 1.
For Non-Competing Continuation and Project Period End reports, you must provide data in Section 2.
Additionally, for Non-Competing Continuation reports, you may update the objectives for future years in Section 1, if needed.

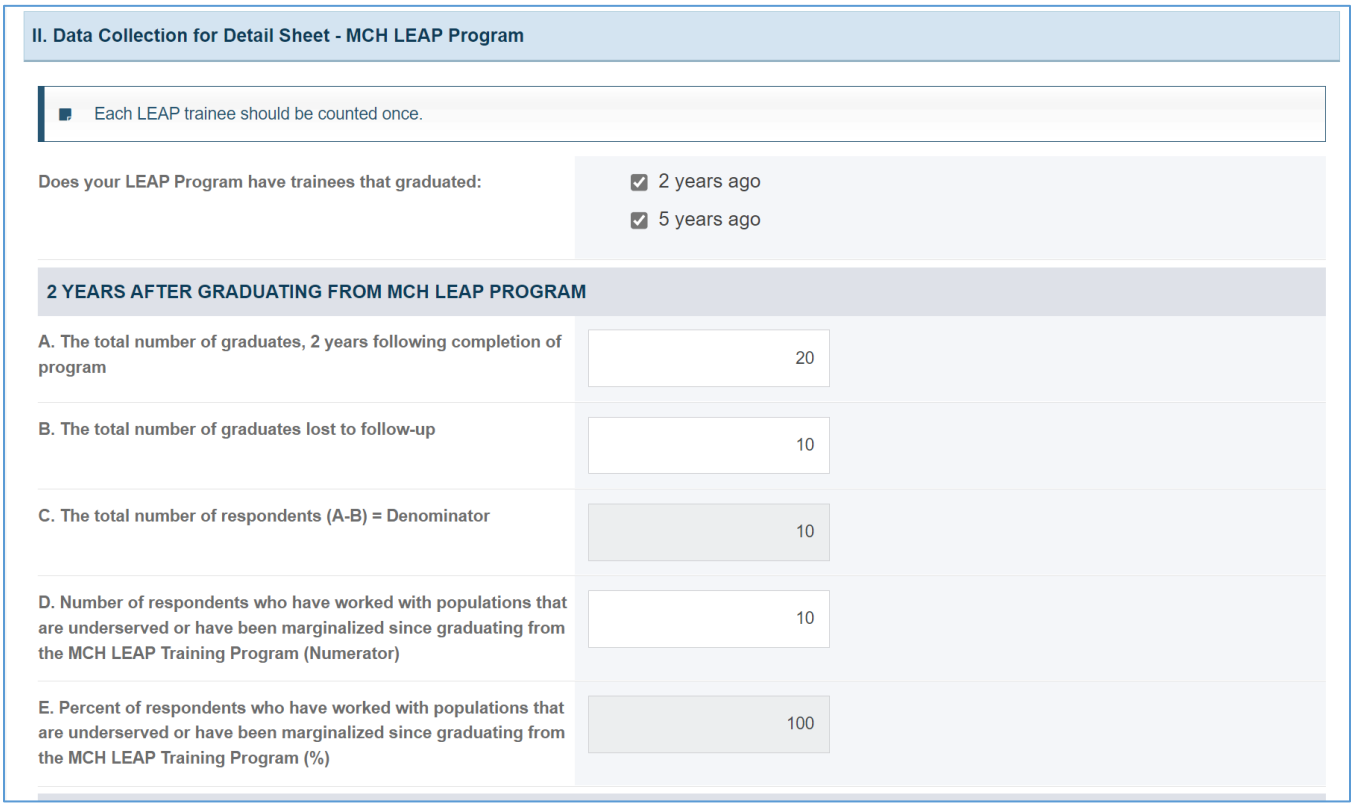
Budget Periods	2 Year (%)	5 Year (%)
7/1/2017-6/30/2018	80	85
7/1/2018-6/30/2019	80	85
7/1/2019-6/30/2020	80	85
7/1/2020-6/30/2021	80	90

DATA COLLECTION FOR DETAIL SHEET – MCH LEAP PROGRAM

1. *Does your LEAP Program have trainees that graduated:* Select checkboxes. Selecting the checkbox labeled *2 years ago* will unlock the same section below. Selecting the checkbox labeled *5 years ago* will unlock both sections for 2 and 5 YEARS AFTER GRADUATING FROM MCH LEAP PROGRAM.
2. 2 YEARS AFTER GRADUATING FROM MCH LEAP PROGRAM:
    a. *The total number of graduates, 2 years following completion of program*: Enter an integer from 0 to 999,999. This value should be consistent across Training Measures 7, 8, and 9.
    b. *The total number of graduates lost to follow-up*: Enter an integer from 0 to 999,999. This value should be less than or equal to the value in field A; if it is not, an error message will appear.
    c. *The total number of respondents (A-B) = Denominator*: This section will be automatically populated based on the feedback above.
    d. *Number of respondents who have worked with populations that are underserved or have been marginalized since graduating from the MCH LEAP Training Program (Numerator)*: Enter an integer from 0 to 999,999.
    e. *Percent of respondents who have worked with populations that are underserved or have been marginalized since graduating from the MCH LEAP Training Program (%)*: This section will be automatically populated based on the feedback above. If this section is unlocked, all the above fields are required.
3. 5 YEARS AFTER GRADUATING FROM MCH LEAP PROGRAM:
    a. *The total number of graduates 5 years following completion of program*: Enter an integer from 0 to 999,999. This value should be consistent across Training Measures 7, 8, and 9.)
    b. *The total number of graduates lost to follow-up*: Enter an integer from 0 to 999,999. This value should be less than or equal to the value in field A; if it is not, an error message will appear.

c. *The total number of respondents (A-B) = Denominator*: This section will be automatically populated based on the feedback above.
d. *Number of respondents who have worked with populations that are underserved or have been marginalized since graduating from the MCH LEAP Training Program (Numerator)*: Enter an integer from 0 to 999,999.
e. *Percent of respondents who have worked with populations that are underserved or have been marginalized since graduating from the MCH LEAP Training Program (%)*: This section will be automatically populated based on the feedback above. If this section is unlocked, all the above fields are required.

Figure 40: Training 08: Data Collection Form for Detail Sheet – MCH LEAP Program



5 YEARS AFTER GRADUATING FROM MCH LEAP PROGRAM	
A. The total number of graduates, 5 years following completion of program	40
B. The total number of graduates lost to follow-up	10
C. The total number of respondents (A-B) = Denominator	30
D. Number of respondents who have worked with populations that are underserved or have been marginalized since graduating from the MCH LEAP Training Program (Numerator)	10
E. Percent of respondents who have worked with populations that are underserved or have been marginalized since graduating from the MCH LEAP Training Program (%)	33.3

ANNUAL PERFORMANCE INDICATOR

This section will be automatically populated based on the information provided in section 2, Data Collection Form for Detail Sheet – MCH LEAP Program.

Figure 41: Training 08: Annual Performance Indicator

III. Annual Performance Indicator

The indicator is calculated based on the information provided in Section 2.

Budget Periods	2 Year (%) (Numerator/Denominator * 100)	5 Year (%) (Numerator/Denominator * 100)
6/1/2020-5/31/2021	100	33.3

COMMENTS

The grantee may provide additional comments here.

Figure 42: Training 08: COMMENTS

COMMENTS

0/5000 characters

FORM-LEVEL RULES AND VALIDATIONS

1. For **New Competing Performance Reports (NCPRs)**, the grantee must provide objectives in section 1.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee must provide data in section 2.
3. For **Non-Competing Continuation Performance Reports (NCCPRs)**, the grantee may update the objectives for future years in section 1, if needed.
4. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

TRAINING FORM 9

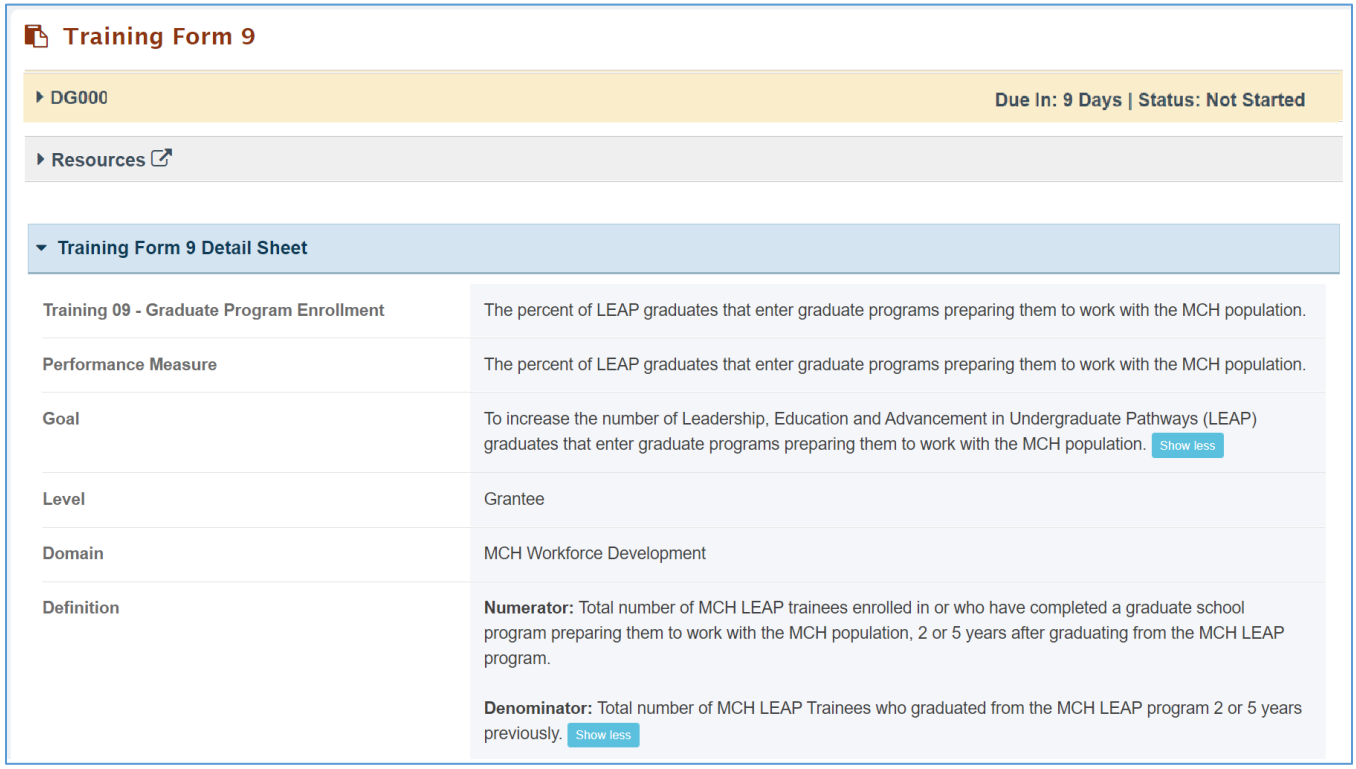
FORM INSTRUCTIONS

TRAINING FORM 09 DETAIL SHEET

The following information is under the **Training Form 09 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Training 09 – Graduate Program Enrollment
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 43: Training 09: Detail Sheet



Benchmark Data Sources	Related to Healthy People 2030 Objectives: ECBP-DO9: Increase core clinical prevention and population health education in medical schools. ECBP-D10: Increase core clinical prevention and population health education in nursing schools. ECBP-D11: Increase core clinical prevention and population health education in physician assistant training programs. ECBP-D12: Increase core clinical prevention and population health education in pharmacy schools. ECBP-D13: Increase core clinical prevention and population health education in dental schools. PHI-R03: Increase use of core and discipline-specific competencies to drive workforce development. PHI-06: Increase the proportion of state public health agencies that use core competencies in continuing education. PHI-07: Increase the proportion of local public health agencies that use core competencies in continuing education. PHI-DO1: Increase the proportion of tribal public health agencies that use core competencies in continuing education. Show less
Grantee Data Sources	Attached data collection form to be completed by grantees.
Significance	MCHB training programs assist in developing a public health workforce that addresses key MCH issues and fosters field leadership in the MCH arena. This national performance measure relates directly to MCHB Strategic Plan Goal 3: Strengthen public health capacity and workforce for MCH. Show less

ANNUAL PERFORMANCE OBJECTIVES

1. In this section, the grantee must provide objectives for **New Competing Performance Reports (NCPRs)**:
    a. *2 Year (%)* (required): Enter an integer from 0–100 for each budget period.
    b. *5 Year (%)* (required): Enter an integer from 0–100 for each budget period.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**:
    a. Pre-population: All budget period objectives will be prepopulated from the previously approved report.
    b. Annual Performance Objectives: For current and previous years, annual objective fields will not be editable.
    c. For **Non-Competing Continuation Performance Reports (NCCPRs)** future years, the grantee will have the ability to edit/modify the annual objective fields if needed.

Figure 44: Training 09: Annual Performance Objectives

I. Annual Performance Objectives

For New Competing reports, you must provide objectives in Section 1.
For Non-Competing Continuation and Project Period End reports, you must provide data in Section 2.
Additionally, for Non-Competing Continuation reports, you may update the objectives for future years in Section 1, if needed.

Budget Periods	2 Year (%)	5 Year (%)
7/1/2017-6/30/2018	80	85
7/1/2018-6/30/2019	80	85
7/1/2019-6/30/2020	80	85
7/1/2020-6/30/2021	80	90

DATA COLLECTION FOR DETAIL SHEET – MCH LEAP PROGRAM

1. *Does your LEAP Program have trainees that graduated:* Select checkboxes. Selecting the checkbox that says *2 years ago* will unlock the same section below. Selecting the checkbox that says *5 years ago* will unlock both sections for 2 and 5 YEARS AFTER GRADUATING FROM MCH LEAP PROGRAM.
2. 2 YEARS AFTER GRADUATING FROM MCH LEAP PROGRAM:
    a. *The total number of LEAP Trainees, 2 years following graduation from the program*: Enter an integer from 0–999,999. This value should be consistent across Training Measures 7, 8, and 9.
    b. *The total number of graduates lost to follow-up*: Enter an integer from 0–999,999. This value should be less than or equal to the value in the above field; if it is not, an error message will appear.
    c. *The total number of respondents (A-B) = Denominator*: This section will be automatically populated based on the feedback above.
    d. Specify the number of respondents that are enrolled in or have completed the following graduate programs: Enter an integer from 0–999,999. The grantee must provide the total number of respondents under following graduate programs
        - *Medicine (e.g. Pediatric, Ob/Gyn, Primary Care)*
        - *Nutrition*
        - *Social work*
        - *Nursing*
        - *Pediatric dentistry*
        - *Psychology*
        - *Pediatric occupational/physical therapy*
        - *Speech language pathology*
        - *Other MCH-related health profession*

        Total number of respondents that are enrolled in or have completed graduate programs preparing them work with the MCH population (Numerator): *This will be automatically populated as a sum of all the above fields.*
    e. *Percent of respondents that are enrolled in or have completed graduate programs preparing them to work with the MCH population (%)*: This section will be automatically populated based on the feedback above.
    f. Number of LEAP trainees who indicate MCH LEAP Training Program helped in admission to and/or being successful in a graduate program: Enter an integer from 0–999,999.
    g. *Percent of LEAP trainees who indicate MCH LEAP Training Program helped in admission to and/or being successful in a graduate program (%):* This section will be automatically populated based on the feedback above. If this section is unlocked, all the above fields are required.
3. 5 YEARS AFTER GRADUATING FROM MCH LEAP PROGRAM:
    a. *The total number of LEAP Trainees, 5 years following graduation from the program*: Enter an integer from 0–999,999. This value should be consistent across Training Measures 7, 8, and 9.

b. *The total number of graduates lost to follow-up*: Enter an integer from 0–999,999. This value should be less than or equal to the value in the above field; if it is not, an error message will appear.
c. *The total number of respondents (A-B) = Denominator*: This section will be automatically populated based on the feedback above.
d. Specify the number of respondents that are enrolled in or have completed the following graduate programs: Enter an integer from 0–999,999. The grantee must provide the total number of respondents under following graduate programs:
    - *Medicine (e.g. Pediatric, Ob/Gyn, Primary Care)*
    - *Nutrition*
    - *Social work*
    - *Nursing*
    - *Pediatric dentistry*
    - *Psychology*
    - *Pediatric occupational/physical therapy*
    - *Speech language pathology*
    - *Other MCH-related health profession*

    Total number of respondents that are enrolled in or have completed graduate programs preparing them work with the MCH population (Numerator): *This will be automatically populated as a sum of all the above fields.*
e. *Percent of respondents that are enrolled in or have completed graduate programs preparing them to work with the MCH population (%)*: This section will be automatically populated based on the feedback above.
f. *Number of LEAP trainees who indicate MCH LEAP Training Program helped in admission to and/or being successful in a graduate program*: Enter an integer from 0–999,999.
g. *Percent of LEAP trainees who indicate MCH LEAP Training Program helped in admission to and/or being successful in a graduate program (%)*: This section will be automatically populated based on the feedback above. If this section is unlocked, all the above fields are required.

Figure 45: Training 09: Data Collection Form for Detail Sheet – MCH Pipeline Program

II. Data Collection for Detail Sheet - Graduate Program Enrollment

If the individual works with more than one of these groups, only count them once.

Does your LEAP Program have trainees that graduated:	☑ 2 years ago ☑ 5 years ago

2 YEARS AFTER GRADUATING FROM MCH LEAP PROGRAM

A. The total number of LEAP Trainees, 2 years following graduation from the program	100
B. The total number of graduates lost to follow-up	10
C. The total number of respondents (A-B) = Denominator	90

D. Specify the number of respondents that are enrolled in or have completed the following graduate programs:

Medicine (e.g. Pediatric, Ob/Gyn, Primary Care)	5
Public Health	5
Nutrition	5
Social Work	5
Nursing	5
Pediatric Dentristry	5
Psychology	5
Pediatric occupational/physical therapy	5
Speech language pathology	5
Other MCH-related health profession Description *(Please enter all other reported MCH-related health profession in comma separated list.)*	test
Other MCH-related health profession *(Please enter the total number of respondents across all other MCH-related health professions.)*	1

E. Percent of respondents that are enrolled in or have completed graduate Programs preparing them to work with the MCH population (%)	50
F. Number of LEAP trainees who indicate MCH LEAP Training Program helped in admission to and/or being successful in a graduate program (Numerator)	45
G. Percent of LEAP trainees who indicate MCH LEAP Training Program helped in admission to and/or being successful in a graduate program (%)	50

5 YEARS AFTER GRADUATING FROM MCH LEAP PROGRAM

A. The total number of LEAP Trainees, 5 years following graduation from the program	50
B. The total number of graduates lost to follow-up	5
C. The total number of respondents (A-B) = Denominator	45

D. Specify the number of respondents that are enrolled in or have completed the following graduate programs:

Medicine (e.g. Pediatric, Ob/Gyn, Primary Care)	1
Public Health	1
Nutrition	1
Social Work	1
Nursing	1
Pediatric Dentristry	1
Psychology	1
Pediatric occupational/physical therapy	1
Speech language pathology	1
Other MCH-related health profession Description *(Please enter all other reported MCH-related health profession in comma separated list.)*	
Other MCH-related health profession *(Please enter the total number of respondents across all other MCH-related health professions.)*	
Total number of respondents that are enrolled in or have completed graduate programs preparing them work with the MCH population (Numerator)	9

E. Percent of respondents that are enrolled in or have completed graduate Programs preparing them to work with the MCH population (%)	20
F. Number of LEAP trainees who indicate MCH LEAP Training Program helped in admission to and/or being successful in a graduate program (Numerator)	10
G. Percent of LEAP trainees who indicate MCH LEAP Training Program helped in admission to and/or being successful in a graduate program (%)	22.2

ANNUAL PERFORMANCE INDICATOR

This section will be automatically populated based on the information provided in section 2, Data Collection Form for Detail Sheet – MCH LEAP Program.

Figure 46: Training 09: Annual Performance Indicator

III. Annual Performance Indicator

The indicator is calculated based on the information provided in Section 2.

Budget Periods	2 Year (%) (Numerator/Denominator * 100)	5 Year (%) (Numerator/Denominator * 100)
9/1/2021-8/31/2023	50	20

COMMENTS

The grantee may provide additional comments here.

Figure 47: Training 09: COMMENTS

COMMENTS

0/5000 characters

FORM-LEVEL RULES AND VALIDATIONS

1. For **New Competing Performance Reports (NCPRs)**, the grantee must provide objectives in section 1.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee must provide data in section 2.
3. For **Non-Competing Continuation Performance Reports (NCCPRs)**, the grantee may update the objectives for future years in section 1, if needed.
4. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

TRAINING FORM 10

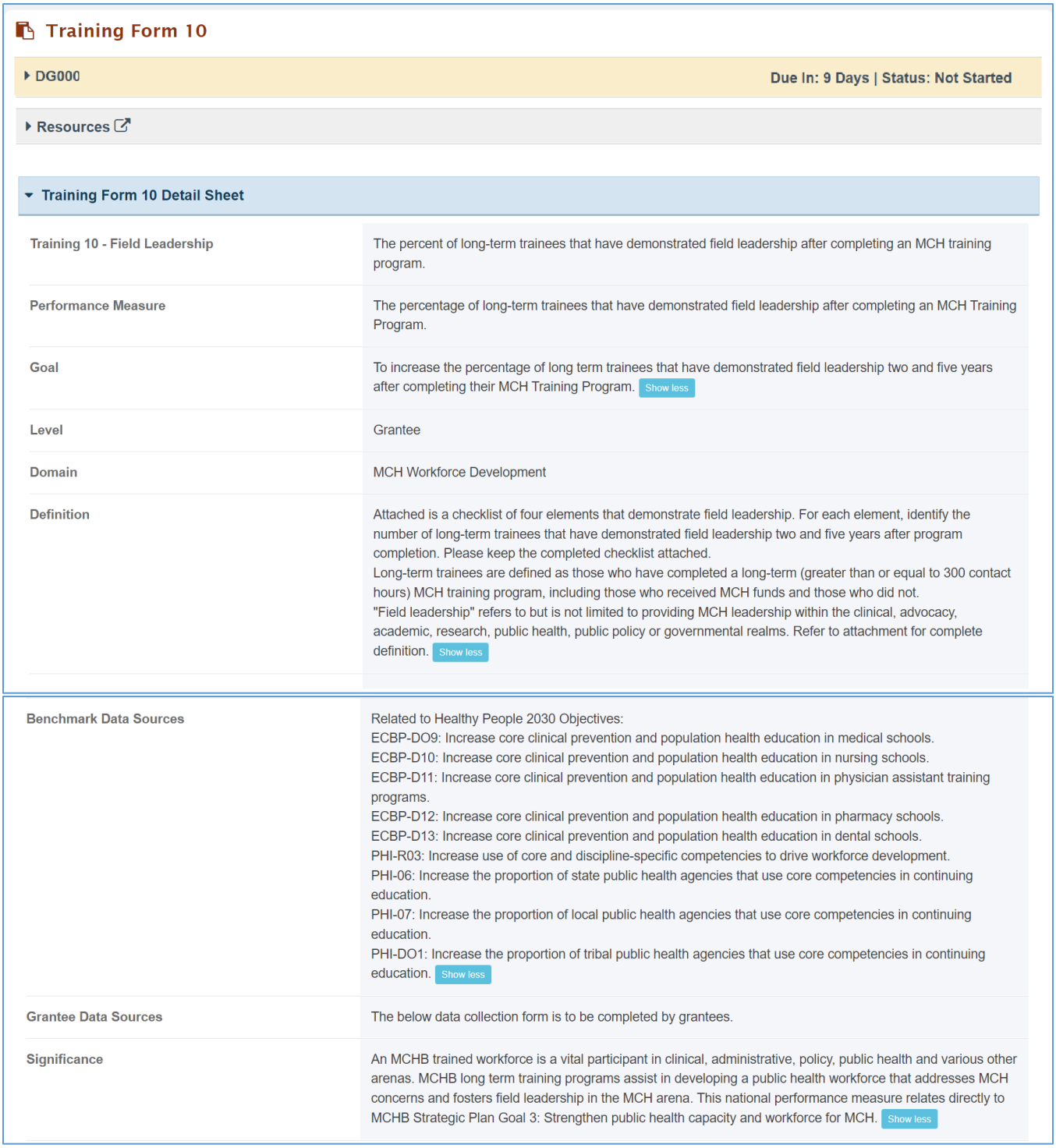
FORM INSTRUCTIONS

TRAINING FORM 10 DETAIL SHEET

The following information is under the **Training Form 10 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Training 10 – Field Leadership
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 48: Training 10: Detail Sheet



Training Form 10

DG000 — Due In: 9 Days | Status: Not Started

Resources

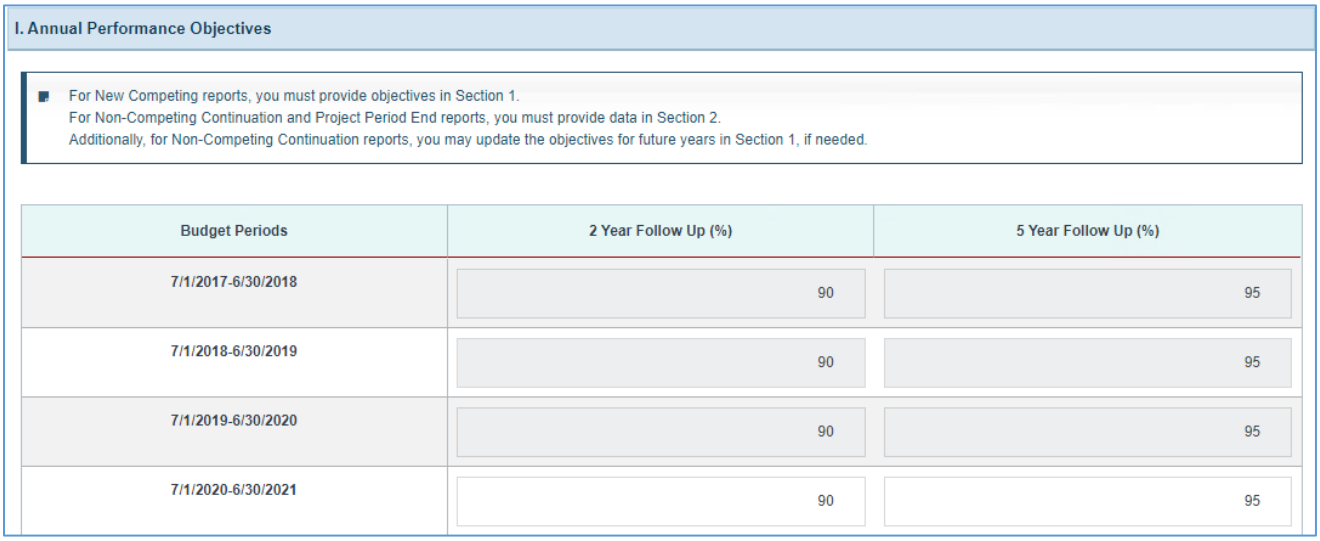
Training Form 10 Detail Sheet

Training 10 - Field Leadership	The percent of long-term trainees that have demonstrated field leadership after completing an MCH training program.
Performance Measure	The percentage of long-term trainees that have demonstrated field leadership after completing an MCH Training Program.
Goal	To increase the percentage of long term trainees that have demonstrated field leadership two and five years after completing their MCH Training Program. Show less
Level	Grantee
Domain	MCH Workforce Development
Definition	Attached is a checklist of four elements that demonstrate field leadership. For each element, identify the number of long-term trainees that have demonstrated field leadership two and five years after program completion. Please keep the completed checklist attached. Long-term trainees are defined as those who have completed a long-term (greater than or equal to 300 contact hours) MCH training program, including those who received MCH funds and those who did not. "Field leadership" refers to but is not limited to providing MCH leadership within the clinical, advocacy, academic, research, public health, public policy or governmental realms. Refer to attachment for complete definition. Show less
Benchmark Data Sources	Related to Healthy People 2030 Objectives: ECBP-DO9: Increase core clinical prevention and population health education in medical schools. ECBP-D10: Increase core clinical prevention and population health education in nursing schools. ECBP-D11: Increase core clinical prevention and population health education in physician assistant training programs. ECBP-D12: Increase core clinical prevention and population health education in pharmacy schools. ECBP-D13: Increase core clinical prevention and population health education in dental schools. PHI-R03: Increase use of core and discipline-specific competencies to drive workforce development. PHI-06: Increase the proportion of state public health agencies that use core competencies in continuing education. PHI-07: Increase the proportion of local public health agencies that use core competencies in continuing education. PHI-DO1: Increase the proportion of tribal public health agencies that use core competencies in continuing education. Show less
Grantee Data Sources	The below data collection form is to be completed by grantees.
Significance	An MCHB trained workforce is a vital participant in clinical, administrative, policy, public health and various other arenas. MCHB long term training programs assist in developing a public health workforce that addresses MCH concerns and fosters field leadership in the MCH arena. This national performance measure relates directly to MCHB Strategic Plan Goal 3: Strengthen public health capacity and workforce for MCH. Show less

ANNUAL PERFORMANCE OBJECTIVES

1. In this section, the grantee must provide objectives for **New Competing Performance Reports (NCPRs)**:
    a. *2 Year Follow Up (%)* (required): Enter an integer for each budget period. If your program has received funding from MCHB for less than 2 years, enter "0" for budget years 1 and 2.
    b. *5 Year Follow Up (%)* (required): Enter an integer for each budget period. If your program has received funding from MCHB for less than 5 years, enter "0" for all five budget periods.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**:
    a. Pre-population: All budget period objectives will be prepopulated from the previously approved report.
    b. Annual Performance Objectives: For current and previous years, annual objective fields will not be editable.
    c. For **Non-Competing Continuation Performance Reports (NCCPRs)** future years, grantees will have the ability to edit/modify the annual objective fields if needed.

Figure 49: Training 10: Annual Performance Objectives



DATA COLLECTION FOR DETAIL SHEET – FIELD LEADERSHIP

1. *Does your training program have long-term trainees that completed the training program:* Select checkboxes. (NOTE: Selection of checkbox *2 years ago* will unlock the same section below. Selection of checkbox *5 years ago* will unlock both sections for 2 and 5 YEAR FOLLOW-UP.)
2. 2 YEAR FOLLOW-UP:
    a. *The total number of long-term trainees, 2 years post program completion, included in this report*: Enter an integer from 0–999,999.
    b. *The total number of long-term trainees, 2 years post program completion, lost to follow-up*: Enter an integer from 0–999,999. (NOTE: This value should be less than or equal to

the value in Field A, else an error message will appear.)

c. *Number of respondents (A-B) = Denominator*: This section will be automatically populated based on the feedback above.
d. *Number of respondents who have demonstrated field leadership in at least one of the following areas below (Numerator*): Enter an integer from 0–999,999. (NOTE: If the individual works with more than one of these groups, only count them once.)
e. *Percent of long-term trainees, 2 years post program completion, who have demonstrated field leadership in at least one of the following areas (%):* This section will be automatically populated from the above field. (NOTE: If section is unlocked, all the above fields are required.)
f. Individual respondents may have leadership activities in multiple areas below:
    i. *Number of trainees that have participated in academic leadership activities since completing their MCH Training Program*: Enter an integer from 0–999,999. NOTE: This value must be less than or equal to the value in the field labeled *Number of respondents who have demonstrated field leadership in at least one of the following areas below (Numerator).*
    ii. *Number of trainees that have participated in clinical leadership activities since completing their MCH Training Program:* Enter an integer from 0–999,999. NOTE: This value must be less than or equal to the value in the field labeled *Number of respondents who have demonstrated field leadership in at least one of the following areas below* (*Numerator*).
    iii. *Number of trainees that have participated in public health practice leadership activities since completing their MCH Training Program:* Enter an integer from 0–999,999.
    NOTE: This value must be less than or equal to the value in the field labeled *Number of respondents who have demonstrated field leadership in at least one of the following areas below (Numerator).*
    iv. *Number of trainees that have participated in public policy and advocacy leadership activities since completing their MCH Training Program:* Enter an integer from 0–999,999.
    NOTE: This value must be less than or equal to the value in the field labeled *Number of respondents who have demonstrated field leadership in at least one of the following areas below (Numerator).*

3. 5 YEAR FOLLOW-UP:
    a. *The total number of long-term trainees, 5 years post program completion, included in this report*: Enter an integer from 0–999,999.
    b. *The total number of long-term trainees, 5 years post program completion, lost to follow-up:* Enter an integer from 0–999,999. (NOTE: This value should be less than or equal to the value in field A; if it is not, an error message will appear.)
    c. *Number of respondents (A-B) = Denominator*: This section will be automatically populated based on the feedback above.
    d. *Number of respondents who have demonstrated field leadership in at least one of the following areas below (Numerator*): Enter an integer from 0–999,999. (NOTE: If the individual works with more than one of these groups, only count them once.)

e. *Percent of long-term trainees, 5 years post program completion, who have demonstrated field leadership in at least one of the following areas (%):* (NOTE: Individual respondents may have leadership activities in multiple areas below.)

f. *Number of trainees that have participated in academic leadership activities since completing their MCH Training Program*: Enter an integer from 0–999,999.
NOTE: This value must be less than or equal to the value in the field labeled *Number of respondents who have demonstrated field leadership in at least one of the following areas below (Numerator)*.

g. *Number of trainees that have participated in clinical leadership activities since completing their MCH Training Program*: Enter an integer from 0–999,999.
NOTE: This value must be less than or equal to the value in the field labeled *Number of respondents who have demonstrated field leadership in at least one of the following areas below (Numerator).*

h. *Number of trainees that have participated in public health practice leadership activities since completing their MCH Training Program*: Enter an integer from 0–999,999.
NOTE: This value must be less than or equal to the value in the field labeled *Number of respondents who have demonstrated field leadership in at least one of the following areas below (Numerator).*

i. *Number of trainees that have participated in public policy and advocacy leadership activities since completing their MCH Training Program*: Enter an integer from 0–999,999.
NOTE: This value must be less than or equal to the value entered in the field labeled *Number of respondents who have demonstrated field leadership in at least one of the following areas below (Numerator. If section is unlocked, all the above fields are required.)*

Figure 50: Training 10: Data Collection Form for Detail Sheet – Field Leadership

II. Data Collection for Detail Sheet - Field Leadership

Does your training program have long-term trainees that completed the training program:	☑ 2 years ago ☑ 5 years ago

2 YEAR FOLLOW-UP

A. The total number of long-term trainees, 2 years post program completion, included in this report	100
B. The total number of long-term trainees, 2 years post program completion, lost to follow-up	50
C. Number of respondents (A-B) = Denominator	50
D. Number of respondents who have demonstrated field leadership in at least one of the following areas below (Numerator) *(If the individual works with more than one of these groups, only count them once)*	10
E. Percent of long-term trainees, 2 years post program completion, who have demonstrated field leadership in at least one of the following areas (%):	20
(Individual respondents may have leadership activities in multiple areas below) 1. Number of trainees that have participated in academic leadership activities since completing their MCH Training Program • Disseminated information on MCH Issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care) • Conducted research or quality improvement on MCH issues • Provided consultation or technical assistance in MCH areas • Taught/mentored in their discipline or other MCH related field • Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process) • Procured grant and other funding in MCH areas • Conducted strategic planning or program evaluation	10

2. Number of trainees that have participated in clinical leadership activities since completing their MCH Training Program • Participated as a group leader, initiator, key contributor or in a position of influence/authority on any of the following: committees of State, national, or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc. • Served in a clinical position of influence (e.g. director, senior therapist, team leader, etc. • Taught/mentored in their discipline or other MCH related field • Conducted research or quality improvement on MCH issues • Disseminated information on MCH Issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care) • Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process)	10
3. Number of trainees that have participated in public health practice leadership activities since completing their MCH Training Program • Provided consultation, technical assistance, or training in MCH areas • Procured grant or other funding in MCH areas • Conducted strategic planning or program evaluation • Conducted research or quality improvement on MCH issues • Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process) • Participated in public policy development activities (e.g., Participated in community engagement or coalition building efforts, written policy or guidelines, provided testimony, educated policymakers, etc.)	10
4. Number of trainees that have participated in public policy & advocacy leadership activities since completing their MCH Training Program • Participated in public policy development activities (e.g., participated in community engagement or coalition building efforts, written policy or guidelines, influenced MCH related legislation, provided testimony, educated legislators) • Participated on any of the following as a group leader, initiator, key contributor, or in a position of influence/authority: committees of State, national, or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc. • Disseminated information on MCH public policy issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care, commentaries, and chapters)	10

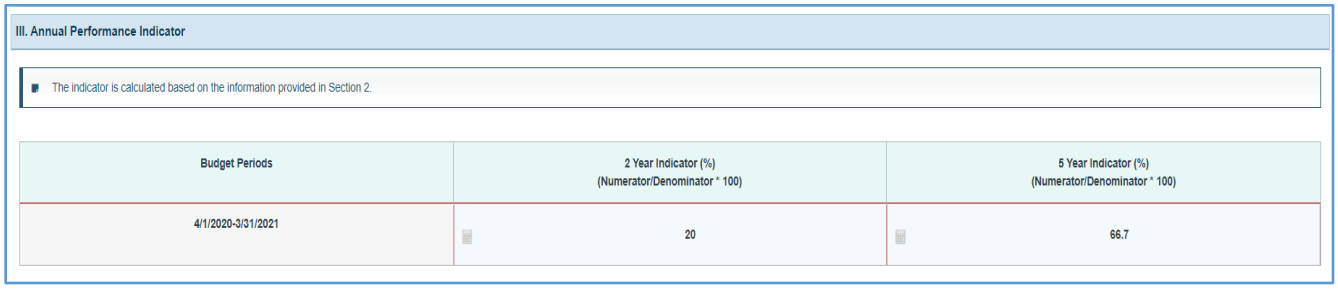
5 YEAR FOLLOW-UP	
A. The total number of long-term trainees, 5 years post program completion, included in this report	100
B. The total number of long-term trainees, 5 years post program completion, lost to follow-up	40
C. Number of respondents (A-B) = Denominator	60
D. Number of respondents who have demonstrated field leadership in at least one of the following areas below (Numerator) *(If the individual works with more than one of these groups, only count them once)*	40
E. Percent of long-term trainees, 5 years post program completion, who have demonstrated field leadership in at least one of the following areas (%):	66.7
(Individual respondents may have leadership activities in multiple areas below) 1. Number of trainees that have participated in academic leadership activities since completing their MCH Training Program • Disseminated information on MCH Issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care) • Conducted research or quality improvement on MCH issues • Provided consultation or technical assistance in MCH areas • Taught/mentored in their discipline or other MCH related field • Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process) • Procured grant and other funding in MCH areas • Conducted strategic planning or program evaluation	40
2. Number of trainees that have participated in clinical leadership activities since completing their MCH Training Program • Participated as a group leader, initiator, key contributor or in a position of influence/authority on any of the following: committees of State, national, or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc. • Served in a clinical position of influence (e.g. director, senior therapist, team leader, etc. • Taught/mentored in their discipline or other MCH related field • Conducted research or quality improvement on MCH issues • Disseminated information on MCH Issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care) • Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process)	40

3. Number of trainees that have participated in public health practice leadership activities since completing their MCH Training Program • Provided consultation, technical assistance, or training in MCH areas • Procured grant or other funding in MCH areas • Conducted strategic planning or program evaluation • Conducted research or quality improvement on MCH issues • Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process) • Participated in public policy development activities (e.g., Participated in community engagement or coalition building efforts, written policy or guidelines, provided testimony, educated policymakers, etc.)	40
4. Number of trainees that have participated in public policy & advocacy leadership activities since completing their MCH Training Program • Participated in public policy development activities (e.g., participated in community engagement or coalition building efforts, written policy or guidelines, influenced MCH related legislation, provided testimony, educated legislators) • Participated on any of the following as a group leader, initiator, key contributor, or in a position of influence/authority: committees of State, national, or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc. • Disseminated information on MCH public policy issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care, commentaries, and chapters)	40

ANNUAL PERFORMANCE INDICATOR

This section will be automatically populated based on the information provided in section 2, Data Collection Form for Detail Sheet – Field Leadership.

Figure 51: Training 10: Annual Performance Indicator



III. Annual Performance Indicator

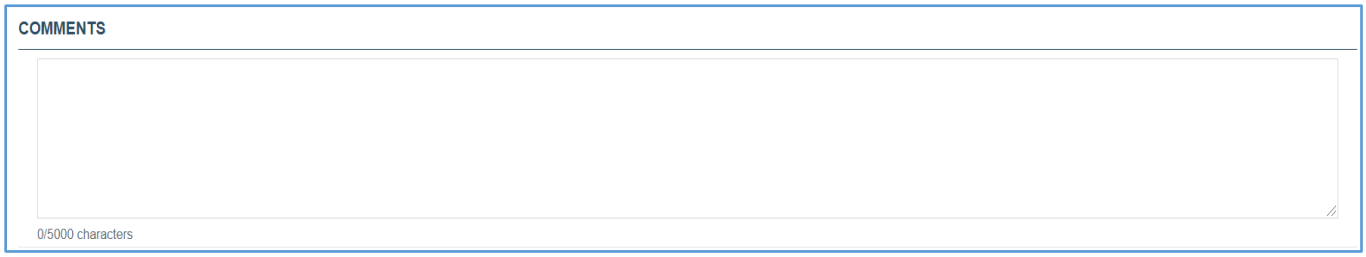
The indicator is calculated based on the information provided in Section 2.

Budget Periods	2 Year Indicator (%) (Numerator/Denominator * 100)	5 Year Indicator (%) (Numerator/Denominator * 100)
4/1/2020-3/31/2021	20	66.7

COMMENTS

The grantee may provide additional comments here.

Figure 52: Training 10: COMMENTS



FORM-LEVEL RULES AND VALIDATIONS

1. For **New Competing Performance Reports (NCPRs)**, the grantee must provide objectives in section 1.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee must provide data in section 2.
3. For **Non-Competing Continuation Performance Reports (NCCPRs)**, the grantee may update the objectives for future years in section 1, if needed.
4. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

TRAINING FORM 11

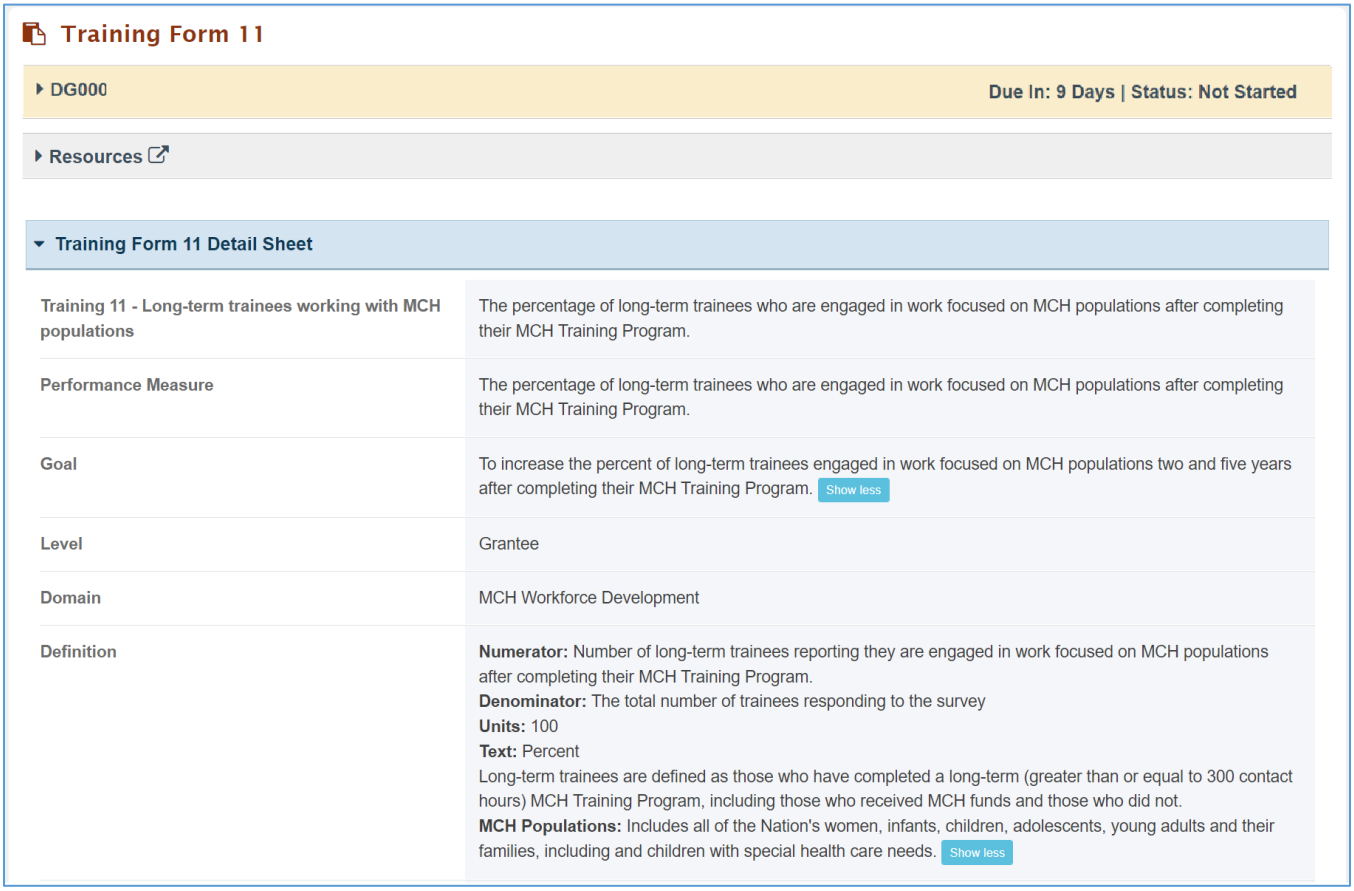
FORM INSTRUCTIONS

TRAINING FORM 11 DETAIL SHEET

The following information is under the **Training Form 11 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Training 11 – Long-term trainees working with MCH populations
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 53: Training 11: Detail Sheet

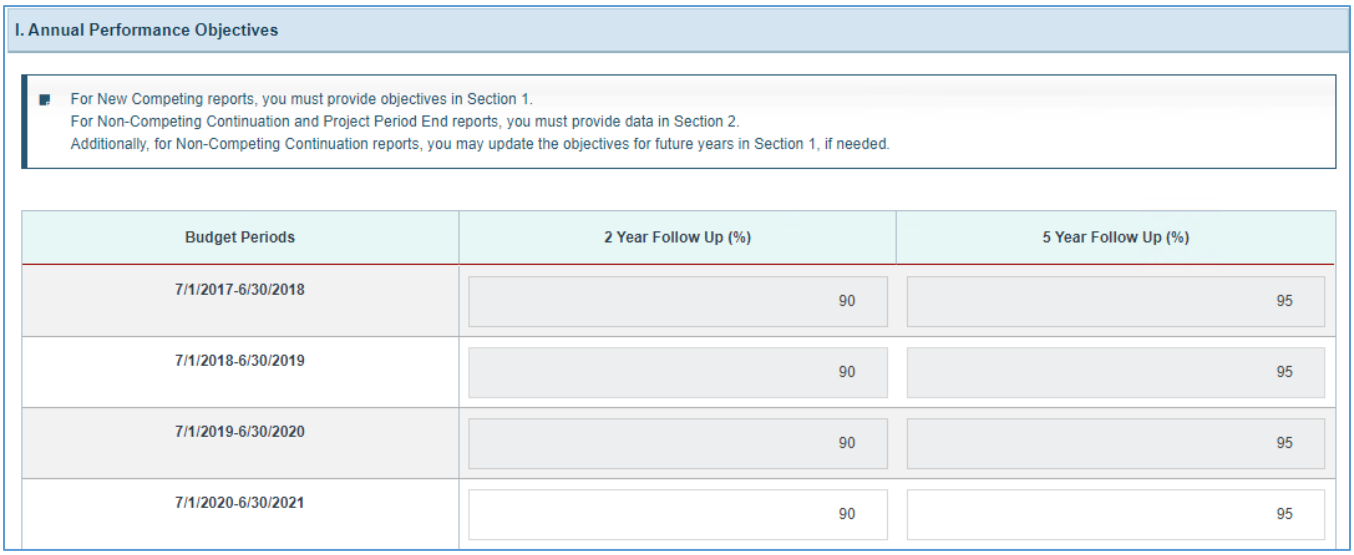


Benchmark Data Sources	Related to Healthy People 2030 objectives: PHI-R03: Increase use of core and discipline-specific competencies to drive workforce development. PHI-06: Increase the proportion of state public health agencies that use core competencies in continuing education. PHI-07: Increase the proportion of local public health agencies that use core competencies in continuing education. PHI-DO1: Increase the proportion of tribal public health agencies that use core competencies in continuing education. Show less
Grantee Data Sources	A trainee follow-up survey that incorporates the new form for collecting data on the involvement of those completing an MCH training program in work related to MCH populations will be used to collect these data. Data Sources Related to Training and Work Settings/Populations: Rittenhouse Diane R, George E. Fryer, Robert L. Pillips et al. Impact of Title Vii Training Programs on Community Health Center Staffing and National Health Service Corps Participation. Ann Fam Med2008;6:397-405. DOI: 10.1370/afm.885. Karen E. Hauer, Steven J. Durning, Walter N. Kernan, et al. Factors Associated With Medical Students' Career Choices Regarding Internal Medicine JAMA.2008;300(10):1154-1164 (doi:10.1001/jama.300.10.1154). Show less
Significance	HRSA's MCHB places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. This national performance measure relates directly to MCHB Strategic Plan Goal 3: Strengthen public health capacity and workforce for MCH. Show less

ANNUAL PERFORMANCE OBJECTIVES (REQUIRED)

1. In this section, the grantee must provide objectives for **New Competing Performance Reports (NCPRs)**:
    a. *2 Year (%):* Enter an integer from 0–100 for each budget period. If your program has received funding from MCHB for less than 2 years, enter "0" for budget years 1 and 2.
    b. *5 Year (%):* Enter an integer from 0–100 for each budget period. If your program has received funding from MCHB for less than 5 years, enter "0" for all five budget periods.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**:
    a. Pre-population: All budget period objectives will be prepopulated from the previously approved report.
    b. Annual Performance Objectives: For current and previous years, annual objective fields will not be editable.
    c. For **Non-Competing Continuation Performance Reports (NCCPRs)** future years, grantees will have the ability to edit/modify the annual objective fields if needed.

Figure 54: Training 11: Annual Performance Objectives



I. Annual Performance Objectives

For New Competing reports, you must provide objectives in Section 1.
For Non-Competing Continuation and Project Period End reports, you must provide data in Section 2.
Additionally, for Non-Competing Continuation reports, you may update the objectives for future years in Section 1, if needed.

Budget Periods	2 Year Follow Up (%)	5 Year Follow Up (%)
7/1/2017-6/30/2018	90	95
7/1/2018-6/30/2019	90	95
7/1/2019-6/30/2020	90	95
7/1/2020-6/30/2021	90	95

DATA COLLECTION FOR DETAIL SHEET – LONG-TERM TRAINEES WORKING WITH MCH POPULATIONS

1. *Does your training program have long-term trainees that completed the training program:* Select checkboxes. (NOTE: Selection of the checkbox labeled *2 years* ago. Selection of the checkbox labeled *5 years ago* will unlock both sections for 2 and 5 YEAR FOLLOW-UP.
2. 2 YEAR FOLLOW-UP:
    a. *Total number of long-term trainees, 2 years following program completion*: Enter an integer from 0–999,999. (NOTE: This value should be consistent across Training Measures 10, 11, and 12.)
    b. *Total number of long-term trainees lost to follow-up (2 years following program completion):* Enter an integer from 0–999,999. (NOTE: This value should be less than or equal to the value in the above field; if is not, an error message will appear.)
    c. *Total number of respondents (A-B) = Denominator*: This section will be automatically populated based on the feedback above.
    d. *Number of respondents 2 years following completion of program who report working with an MCH population (Numerator)*: Enter an integer from 0–999,999. (If the individual works with more than one of these groups, only count them once.)
    e. *Percent of respondents 2 years following completion of program who report working with an MCH population (%)*: This section will be automatically populated based on the feedback above.

    NOTE: If section is unlocked, all the above fields are required.
3. 5 YEAR FOLLOW-UP:
    a. *The total number of long-term trainees, 5 years following program completion*: Enter an integer from 0–999,999. (NOTE: This value should be consistent across Training Measures 10, 11, and 12.)
    b. *The total number of long-term trainees lost to follow-up 5 years following program completion*: Enter an integer from 0–999,999. (NOTE: This value should be less than or equal to the value in the above field; if it is not, an error message will appear.

c. *Number of respondents 5 years following completion of program who report working with an MCH population (Numerator)*: Enter an integer from 0–999,999. (If the individual works with more than one of these groups, only count them once.)
d. *Number of respondents that are enrolled in or have completed graduate Programs preparing them work with the MCH population (Numerator)*: Enter an integer from 0–999,999.
e. *Percent of respondents 5 years following completion of program who report working with an MCH population (%)*: Enter an integer from 0–999,999.

NOTE: If section is unlocked, all the above fields are required.

Figure 55: Training 11: Data Collection Form for Detail Sheet – Long-term trainees working with MCH populations

5 YEAR FOLLOW-UP	
A. The total number of long-term trainees, 5 years following program completion	50
B. The total number of long-term trainees lost to follow-up (5 years following program completion)	25
C. The total number of respondents (A-B) = Denominator	25
D. Number of respondents 5 years following completion of program who report working with an MCH population (Numerator) *(If the individual works with more than one of these groups, only count them once)*	20
E. Percent of respondents 5 years following completion of program who report working with an MCH population (%)	80

ANNUAL PERFORMANCE INDICATOR

This section will be automatically populated based on the information provided in section 2, Data Collection Form for Detail Sheet – Long-term trainees working with MCH populations.

Figure 56: Training 11: Annual Performance Indicator

III. Annual Performance Indicator

The indicator is calculated based on the information provided in Section 2.

Budget Periods	2 Year Indicator (%) (Numerator/Denominator * 100)	5 Year Indicator (%) (Numerator/Denominator * 100)
4/1/2020-3/31/2021	58.3	80

COMMENTS

The grantee may provide additional comments here.

Figure 57: Training 11: COMMENTS

COMMENTS

0/5000 characters

FORM-LEVEL RULES AND VALIDATIONS

1. For **New Competing Performance Reports (NCPRs)**, the grantee must provide objectives in section 1.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee must provide data in section 2.
3. For **Non-Competing Continuation Performance Reports (NCCPRs)**, the grantee may update the objectives for future years in section 1, if needed.
4. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

TRAINING FORM 12

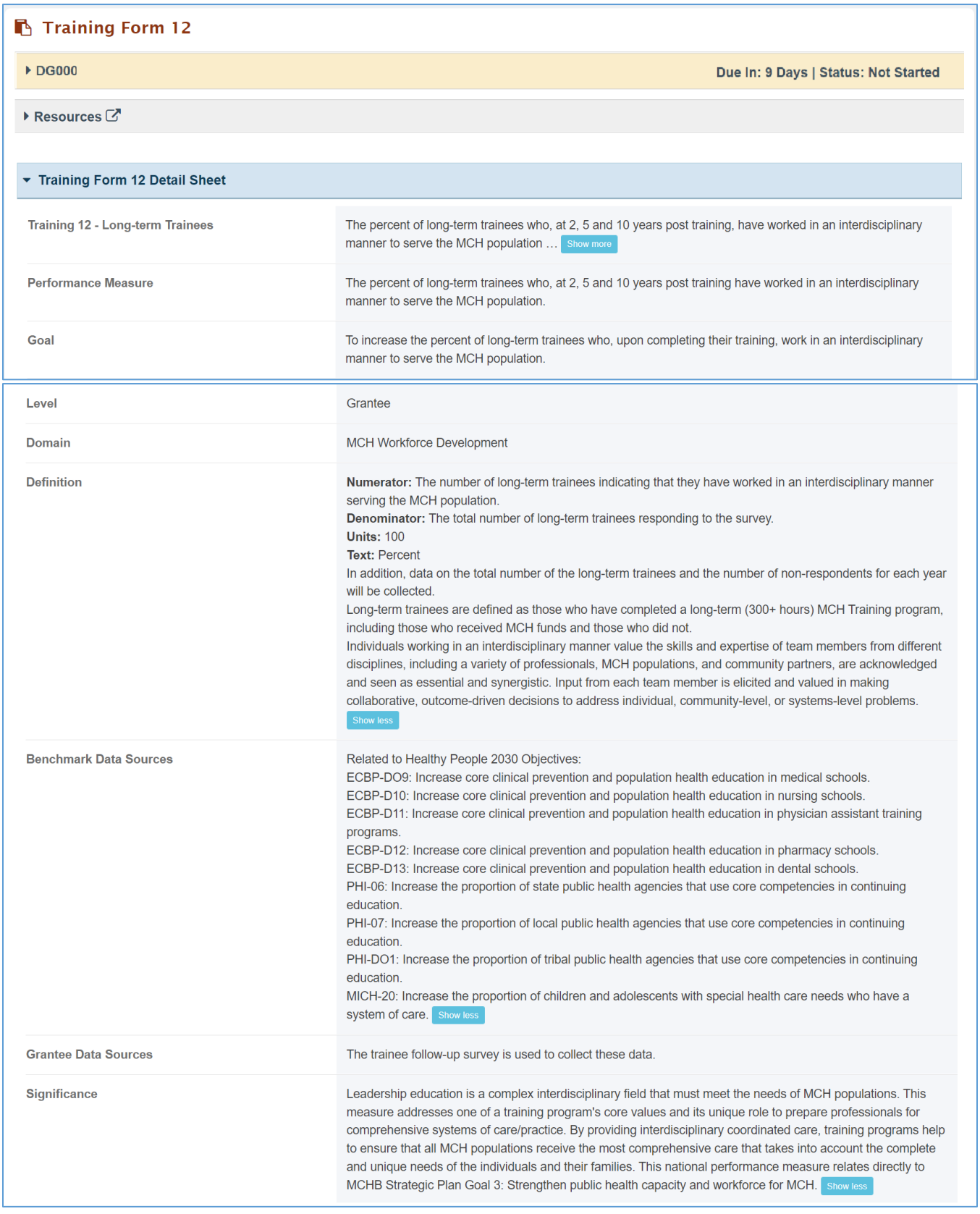
FORM INSTRUCTIONS

TRAINING FORM 12 DETAIL SHEET

The following information is under the **Training Form 12 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Training 12 – Long-term Trainees
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 58: Training 12: Detail Sheet



Training Form 12

DG000 — Due In: 9 Days | Status: Not Started

Resources

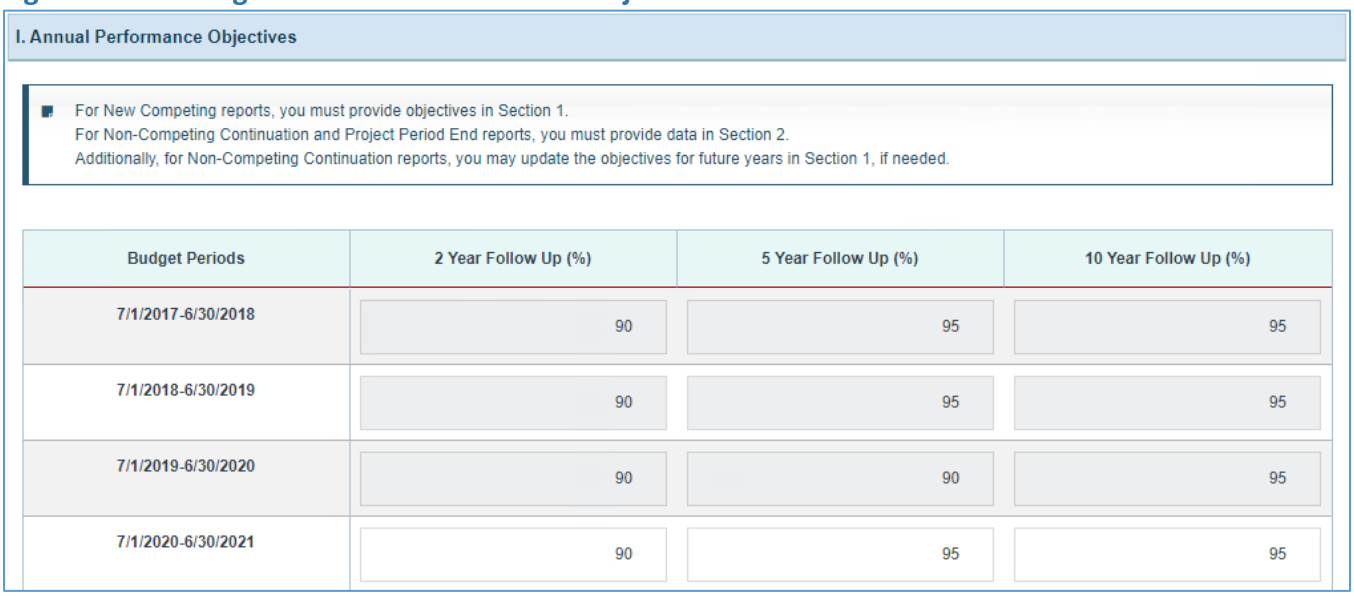
Training Form 12 Detail Sheet

Training 12 - Long-term Trainees	The percent of long-term trainees who, at 2, 5 and 10 years post training, have worked in an interdisciplinary manner to serve the MCH population … Show more
Performance Measure	The percent of long-term trainees who, at 2, 5 and 10 years post training have worked in an interdisciplinary manner to serve the MCH population.
Goal	To increase the percent of long-term trainees who, upon completing their training, work in an interdisciplinary manner to serve the MCH population.
Level	Grantee
Domain	MCH Workforce Development
Definition	**Numerator:** The number of long-term trainees indicating that they have worked in an interdisciplinary manner serving the MCH population. **Denominator:** The total number of long-term trainees responding to the survey. **Units:** 100 **Text:** Percent In addition, data on the total number of the long-term trainees and the number of non-respondents for each year will be collected. Long-term trainees are defined as those who have completed a long-term (300+ hours) MCH Training program, including those who received MCH funds and those who did not. Individuals working in an interdisciplinary manner value the skills and expertise of team members from different disciplines, including a variety of professionals, MCH populations, and community partners, are acknowledged and seen as essential and synergistic. Input from each team member is elicited and valued in making collaborative, outcome-driven decisions to address individual, community-level, or systems-level problems. Show less
Benchmark Data Sources	Related to Healthy People 2030 Objectives: ECBP-DO9: Increase core clinical prevention and population health education in medical schools. ECBP-D10: Increase core clinical prevention and population health education in nursing schools. ECBP-D11: Increase core clinical prevention and population health education in physician assistant training programs. ECBP-D12: Increase core clinical prevention and population health education in pharmacy schools. ECBP-D13: Increase core clinical prevention and population health education in dental schools. PHI-06: Increase the proportion of state public health agencies that use core competencies in continuing education. PHI-07: Increase the proportion of local public health agencies that use core competencies in continuing education. PHI-DO1: Increase the proportion of tribal public health agencies that use core competencies in continuing education. MICH-20: Increase the proportion of children and adolescents with special health care needs who have a system of care. Show less
Grantee Data Sources	The trainee follow-up survey is used to collect these data.
Significance	Leadership education is a complex interdisciplinary field that must meet the needs of MCH populations. This measure addresses one of a training program's core values and its unique role to prepare professionals for comprehensive systems of care/practice. By providing interdisciplinary coordinated care, training programs help to ensure that all MCH populations receive the most comprehensive care that takes into account the complete and unique needs of the individuals and their families. This national performance measure relates directly to MCHB Strategic Plan Goal 3: Strengthen public health capacity and workforce for MCH. Show less

ANNUAL PERFORMANCE OBJECTIVE

1. In this section, the grantee must provide objectives for **New Competing Performance Reports (NCPRs)**:
    a. *2 Year Follow Up (%)* (required): Enter an integer from 0–100 for each budget period. If your program has received funding from MCHB for less than 2 years, enter "0" for budget years 1 and 2.
    b. *5 Year Follow Up (%)* (required): Enter an integer from 0–100 for each budget period. If your program has received funding from MCHB for less than 5 years, enter "0" for all five budget periods.
    c. *10 Year Follow Up* (%) (required): Enter an integer from 0–100 for each budget period. If your program has received funding from MCHB for less than 10 years, enter "0" for all five budget periods.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**:
    a. Pre-population: All budget period objectives will be prepopulated from the previously approved report.
    b. Annual Performance Objectives: For current and previous years, annual objective fields will not be editable.
    c. For **Non-Competing Continuation Performance Reports (NCCPRs)** future years, grantees will have the ability to edit/modify the annual objective fields if needed.

Figure 59: Training 12: Annual Performance Objectives



DATA COLLECTION FOR DETAIL SHEET – LONG-TERM TRAINEES

1. *Does your training program have long-term trainees that completed the training program:* Select checkboxes.
   (NOTE:
   a. Selection of the checkbox labeled *2 years ago* will unlock the 2 YEAR FOLLOW-UP and 2 YEAR FOLLOW-UP - INTERDISCIPLINARY SKILLS sections below.
   b. Selection of the checkbox labeled, *5 years ago* will unlock sections labeled 2 YEAR FOLLOW-UP, 2 YEAR FOLLOW-UP - INTERDISCIPLINARY SKILLS, 5 YEAR FOLLOW-UP, and 5 YEAR FOLLOW-UP - INTERDISCIPLINARY SKILLS.
   c. Selection of the checkbox labeled *10 years ago* will unlock sections labeled 2 YEAR FOLLOW-UP, 2 YEAR FOLLOW-UP - INTERDISCIPLINARY SKILLS, 5 YEAR FOLLOW-UP, 5 YEAR FOLLOW-UP - INTERDISCIPLINARY SKILLS, 10 YEAR FOLLOW-UP and 10 YEAR FOLLOW-UP - INTERDISCIPLINARY SKILLS.)
2. 2 YEAR FOLLOW-UP:
   a. *The total number of long-term trainees, 2 years following program completion*: Enter an integer from 0–999,999. (NOTE: This value should be consistent across Training Measures 10, 11, 12)
   b. *The total number of program completers lost to follow-up*: 0 -999,999. (NOTE: This value should be less than or equal to the value in the above field; if it is not, an error message will appear.)
   c. *The total number of respondents (A-B) = Denominator*: This section will be automatically populated as per the feedback above.
   d. *The number of long-term trainees who have worked in an interdisciplinary manner 2 years following completion of an MCHB-funded training program, demonstrating at least one of the interdisciplinary skills listed below (Numerator)*: Enter an integer from 0–999,999. (If the individual works with more than one of these groups, only count them once)
   e. *Percent of long-term trainees (2 years post program completion) who have worked in an interdisciplinary manner, demonstrating at least one of the following interdisciplinary skills: (%)*: Data will be automatically populated here.
   NOTE: If section is unlocked, all the above fields are required.
3. 2 YEAR FOLLOW-UP - INTERDISCIPLINARY SKILLS:
   a. *Number*: Enter an integer from 0–999,999.
   b. *Percentage* (%): Data will be automatically populated here.
4. 5 YEAR FOLLOW-UP:
   a. *The total number of long-term trainees, 5 years following program completion*: Enter an integer from 0–999,999. (NOTE: This value should be consistent across Training Measures 10, 11, and 12.)
   b. *The total number of program completers lost to follow-up*: Enter an integer from 0–999,999. (NOTE: This value should be less than or equal to the value in the above field; if it is not, an error message will appear.)
   c. *Number of respondents (A-B) = Denominator*: This section will be automatically populated based on the feedback above.
   d. *The number of long-term trainees who have worked in an interdisciplinary manner 5*

years following completion of an MCHB-funded training program, demonstrating at least one of the interdisciplinary skills listed below (Numerator): Enter an integer from 0–999,999. (NOTE: If the individual works with more than one of these groups, only count them once.)

e. *Percent of long-term trainees (5 years post program completion) who have worked in an interdisciplinary manner, demonstrating at least one of the following interdisciplinary skills: (%)*: Data will be automatically populated here.

NOTE: If this section is unlocked, all the above fields are required.

5. 5 YEAR FOLLOW-UP - INTERDISCIPLINARY SKILLS:
   a. Number: Enter an integer from 0–999,999.
   b. Percentage (%): Data will be automatically populated here.
6. 10 YEARS FOLLOW-UP:
   a. *The total number of long-term trainees, 10 years following program completion*: Enter an integer from 0–999,999.
   b. *The total number of program completers lost to follow-up*: Enter an integer from 0–999,999. (NOTE: This value should be less than or equal to the value in the above field; if it is not, an error message will appear.)
   c. *Number of respondents (A-B) = Denominator*: This section will be automatically populated based on the feedback above.
   d. *The number of long-term trainees who have worked in an interdisciplinary manner 5 years following completion of an MCHB-funded training program, demonstrating at least one of the interdisciplinary skills listed below (Numerator)*: Enter an integer from 0–999,999. (NOTE: If the individual works with more than one of these groups, only count them once.)
   e. *Percent of long-term trainees 10 years following program completion who have worked in an interdisciplinary manner, demonstrating at least one of the following interdisciplinary skills (%)*: Data will be automatically populated here.
7. 10 YEAR FOLLOW-UP - INTERDISCIPLINARY SKILLS:
   a. Number: Enter an integer from 0–999,999.
   b. Percentage (%): Data will be automatically populated here.

Figure 60: Training 12: Data Collection Form for Detail Sheet – Long-Term Trainees

II. Data Collection for Detail Sheet - Long-term trainees

Does your training program have long-term trainees that completed the training program:	☑ 2 years ago ☑ 5 years ago ☑ 10 years ago

2 YEAR FOLLOW-UP

A. The total number of long-term trainees, 2 years following program completion	20
B. The total number of program completers lost to follow-up	10
C. Number of respondents (A-B) = Denominator	10
D. The number of long-term trainees who have worked in an interdisciplinary manner 2 years following completion of an MCHB-funded training program, demonstrating at least one of the interdisciplinary skills listed below. (Numerator) *(If the individual works with more than one of these groups, only count them once)*	10
E. Percent of long-term trainees (2 years post program completion) who have worked in an interdisciplinary manner, demonstrating at least one of the following interdisciplinary skills: (%):	100

2 YEAR FOLLOW-UP - INTERDISCIPLINARY SKILLS

Skills	Number	Percent (%)
Sought input or information from other professions or disciplines to address a need in your work	5	50
Provided input or information to other professions or disciplines.	5	50
Developed a shared vision, roles and responsibilities within an interdisciplinary group.	5	50
Utilized information to develop a coordinated, prioritized plan across disciplines to address a need in your work	5	50
Established decision-making procedures in an interdisciplinary group.	5	50
Collaborated with various disciplines across agencies/entities?	5	50
Advanced policies & programs that promote collaboration with other disciplines or professions	5	50

5 YEAR FOLLOW-UP

A. The total number of long-term trainees, 5 years following program completion	20
B. The total number of program completers lost to follow-up	10
C. Number of respondents (A-B) = Denominator	10
D. The number of long-term trainees who have worked in an interdisciplinary manner 5 years following completion of an MCHB-funded training program, demonstrating at least one of the interdisciplinary skills listed below. (Numerator) *(If the individual works with more than one of these groups, only count them once)*	10
E. Percent of long-term trainees (5 years post program completion) who have worked in an interdisciplinary manner, demonstrating at least one of the following interdisciplinary skills: (%):	100

5 YEAR FOLLOW-UP - INTERDISCIPLINARY SKILLS

Skills	Number	Percent (%)
Sought input or information from other professions or disciplines to address a need in your work	4	40
Provided input or information to other professions or disciplines.	4	40
Developed a shared vision, roles and responsibilities within an interdisciplinary group.	4	40
Utilized information to develop a coordinated, prioritized plan across disciplines to address a need in your work	4	40
Established decision-making procedures in an interdisciplinary group.	4	40
Collaborated with various disciplines across agencies/entities?	4	40
Advanced policies & programs that promote collaboration with other disciplines or professions	4	40

10 YEAR FOLLOW-UP

A. The total number of long-term trainees, 10 years following program completion	100
B. The total number of program completers lost to follow-up	10
C. Number of respondents (A-B) = Denominator	90
D. The number of long-term trainees who have worked in an interdisciplinary manner 10 years following completion of an MCHB-funded training program, demonstrating at least one of the interdisciplinary skills listed below. (Numerator) *(If the individual works with more than one of these groups, only count them once)*	30
E. Percent of long-term trainees (10 years post program completion) who have worked in an interdisciplinary manner, demonstrating at least one of the following interdisciplinary skills (%):	33.3

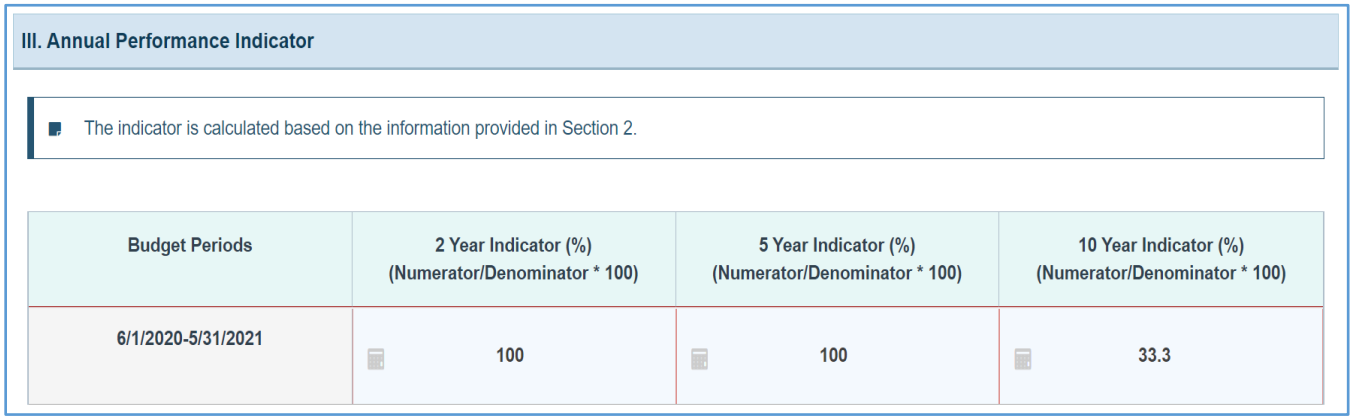
10 YEAR FOLLOW-UP - INTERDISCIPLINARY SKILLS

Skills	Number	Percent (%)
Sought input or information from other professions or disciplines to address a need in your work	4	4.4
Provided input or information to other professions or disciplines.	4	4.4
Developed a shared vision, roles and responsibilities within an interdisciplinary group.	4	4.4
Utilized information to develop a coordinated, prioritized plan across disciplines to address a need in your work	4	4.4
Established decision-making procedures in an interdisciplinary group.	4	4.4
Collaborated with various disciplines across agencies/entities?	4	4.4
Advanced policies & programs that promote collaboration with other disciplines or professions	4	4.4

ANNUAL PERFORMANCE INDICATOR

This section will be automatically populated based on the information provided in section 2, Data Collection Form for Detail Sheet – Long-term Trainees Working with MCH Populations.

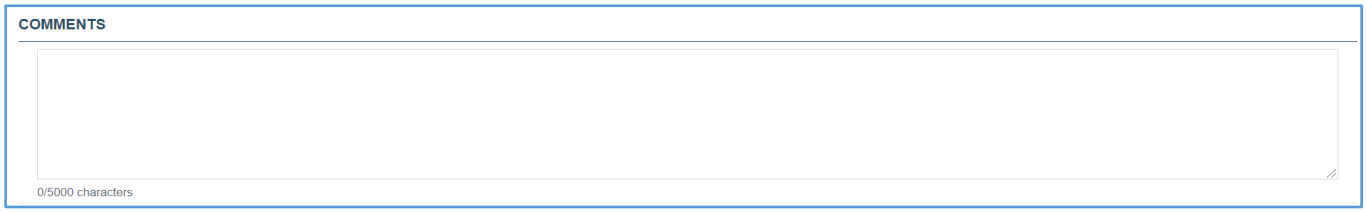
Figure 61: Training 12: Annual Performance Indicator



COMMENTS

The grantee may provide additional comments here.

Figure 62: Training 12: COMMENTS



FORM-LEVEL RULES AND VALIDATIONS

1. For **New Competing Performance Reports (NCPRs)**, the grantee must provide objectives in section 1.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee must provide data in section 2.
3. For **Non-Competing Continuation Performance Reports (NCCPRs)**, the grantee may update the objectives for future years in section 1, if needed.
4. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

TRAINING FORM 14

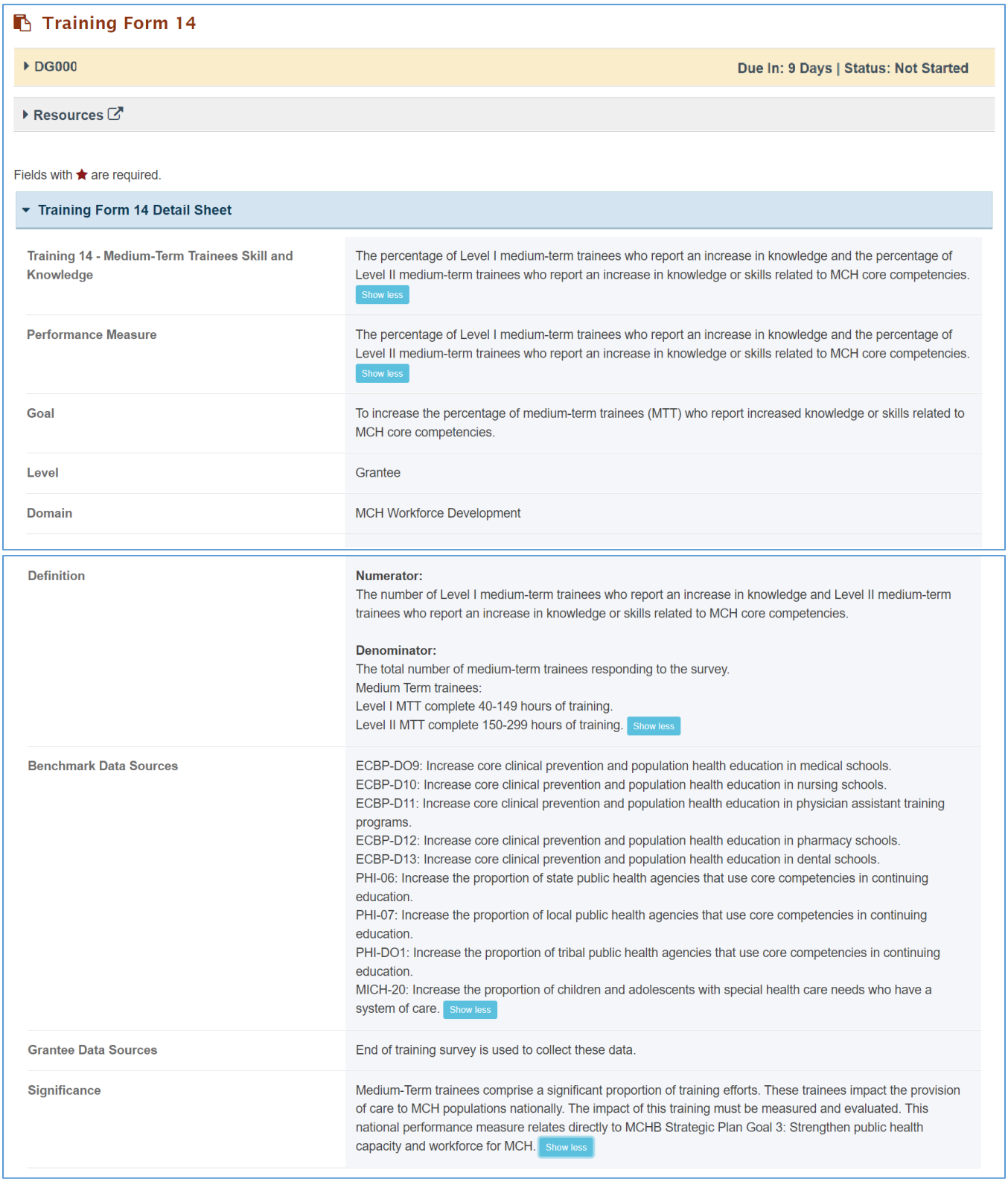
FORM INSTRUCTIONS

TRAINING FORM 14 DETAIL SHEET

The following information is under the **Training Form 14 Detail Sheet**. The grantee may expand the menu to view the following details:

1. Training 14 – Medium-Term Trainees Skill and Knowledge
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 68: Training 14: Detail Sheet



Training Form 14

DG000 — Due In: 9 Days | Status: Not Started

Resources

Fields with ★ are required.

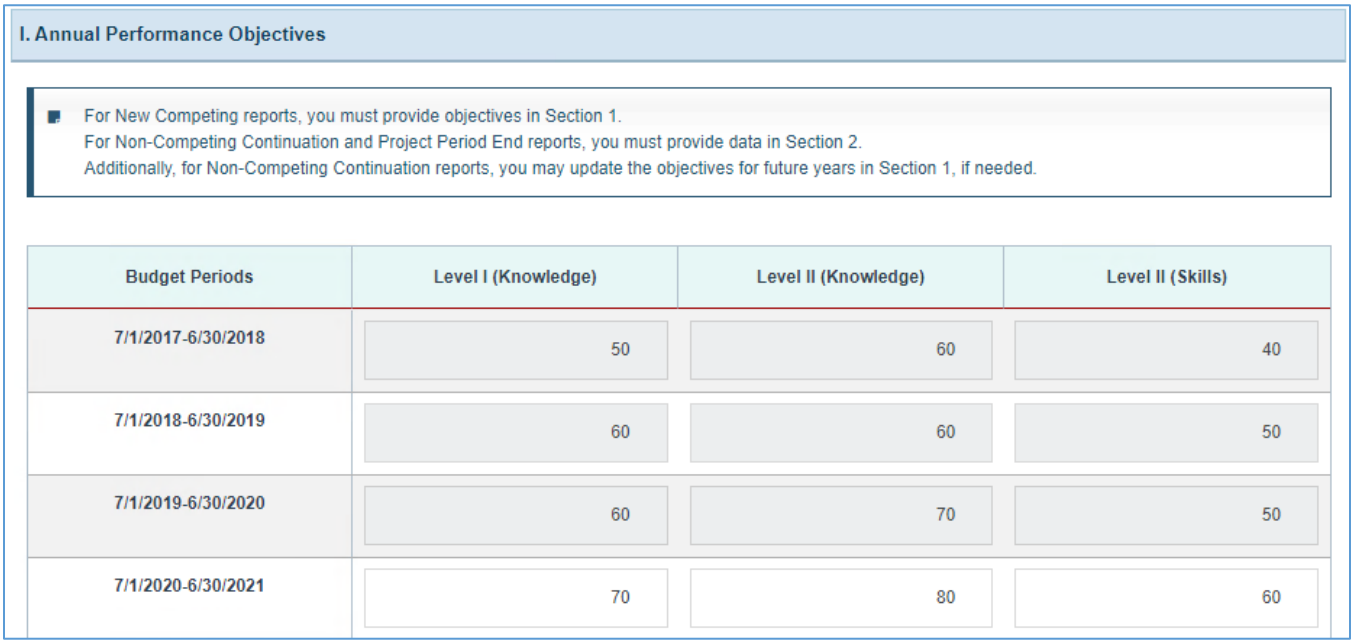
Training Form 14 Detail Sheet

Training 14 - Medium-Term Trainees Skill and Knowledge	The percentage of Level I medium-term trainees who report an increase in knowledge and the percentage of Level II medium-term trainees who report an increase in knowledge or skills related to MCH core competencies. Show less
Performance Measure	The percentage of Level I medium-term trainees who report an increase in knowledge and the percentage of Level II medium-term trainees who report an increase in knowledge or skills related to MCH core competencies. Show less
Goal	To increase the percentage of medium-term trainees (MTT) who report increased knowledge or skills related to MCH core competencies.
Level	Grantee
Domain	MCH Workforce Development
Definition	**Numerator:** The number of Level I medium-term trainees who report an increase in knowledge and Level II medium-term trainees who report an increase in knowledge or skills related to MCH core competencies. **Denominator:** The total number of medium-term trainees responding to the survey. Medium Term trainees: Level I MTT complete 40-149 hours of training. Level II MTT complete 150-299 hours of training. Show less
Benchmark Data Sources	ECBP-DO9: Increase core clinical prevention and population health education in medical schools. ECBP-D10: Increase core clinical prevention and population health education in nursing schools. ECBP-D11: Increase core clinical prevention and population health education in physician assistant training programs. ECBP-D12: Increase core clinical prevention and population health education in pharmacy schools. ECBP-D13: Increase core clinical prevention and population health education in dental schools. PHI-06: Increase the proportion of state public health agencies that use core competencies in continuing education. PHI-07: Increase the proportion of local public health agencies that use core competencies in continuing education. PHI-DO1: Increase the proportion of tribal public health agencies that use core competencies in continuing education. MICH-20: Increase the proportion of children and adolescents with special health care needs who have a system of care. Show less
Grantee Data Sources	End of training survey is used to collect these data.
Significance	Medium-Term trainees comprise a significant proportion of training efforts. These trainees impact the provision of care to MCH populations nationally. The impact of this training must be measured and evaluated. This national performance measure relates directly to MCHB Strategic Plan Goal 3: Strengthen public health capacity and workforce for MCH. Show less

ANNUAL PERFORMANCE OBJECTIVES

1. In this section, the grantee must provide objectives for **New Competing Performance Reports (NCPRs)**:
    a. *Level I – Knowledge* (required): Enter an integer from 0–100 for each budget period.
    b. *Level II – Knowledge* (required): Enter an integer from 0–100 for each budget period.
    c. *Level II – Skills* (required): Enter an integer from 0–100 for each budget period.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**:
    a. Pre-population: All budget period objectives will be prepopulated from the previously approved report.
    b. Annual Performance Objectives: For current and previous years, annual objective fields will not be editable.
    c. For **Non-Competing Continuation Performance Reports (NCCPRs)** future years, grantees will have the ability to edit/modify the annual objective fields if needed.

Figure 69: Training 14: Annual Performance Objectives



Budget Periods	Level I (Knowledge)	Level II (Knowledge)	Level II (Skills)
7/1/2017-6/30/2018	50	60	40
7/1/2018-6/30/2019	60	60	50
7/1/2019-6/30/2020	60	70	50
7/1/2020-6/30/2021	70	80	60

DATA COLLECTION FOR DETAIL SHEET – MEDIUM-TERM TRAINEES SKILL AND KNOWLEDGE

In this section, the grantee may answer the following questions:

1. Level I Medium-Term Trainees – Knowledge:
    a. *The total number of Level I Medium-Term Trainees (40-149 hours)*: Enter an integer from 0–999,999.
    b. *The total number of Level I MTT lost to follow-up*: Enter an integer from 0–999,999.
    c. *The total number of respondents (A-B)*: Data will be automatically populated.
    d. *Number of respondents reporting increased knowledge*: Enter an integer from 0–999,999.
    e. *Percentage of respondents reporting increased knowledge*: Data will be automatically populated.

    NOTE: All the above fields are required.
2. Level II Medium-Term Trainees – Knowledge:
    a. *The total number of Level II Medium-Term Trainees (150-299 hours)*: Enter an integer from 0–999,999.
    b. *The total number of Level II MTT lost to follow-up*: Enter an integer from 0–999,999.
    c. *The total number of respondents (A-B)*: Data will be automatically populated.
    d. *Number of respondents reporting increased knowledge*: Enter an integer from 0–999,999.
    e. *Percentage of respondents reporting increased knowledge*: Data will be automatically populated.

    NOTE: All the above fields are required.
3. Level II Medium-Term Trainees – Skills:
    a. *The total number of Level II Medium-Term Trainees (150-299 hours)*: Enter an integer from 0–999,999.
    b. *The total number of Level II MTT lost to follow-up*: Enter an integer from 0–999,999.
    c. *The total number of respondents (A-B)*: Data will be automatically populated.
    d. *Number of respondents reporting increased skills*: Enter an integer from 0–999,999.
    e. *Percentage of respondents reporting increased skills*: Data will be automatically populated.

    NOTE: All the above fields are required.

Figure 70: Training 14: Data Collection Form for Detail Sheet – Medium-Term Trainees Skill and Knowledge

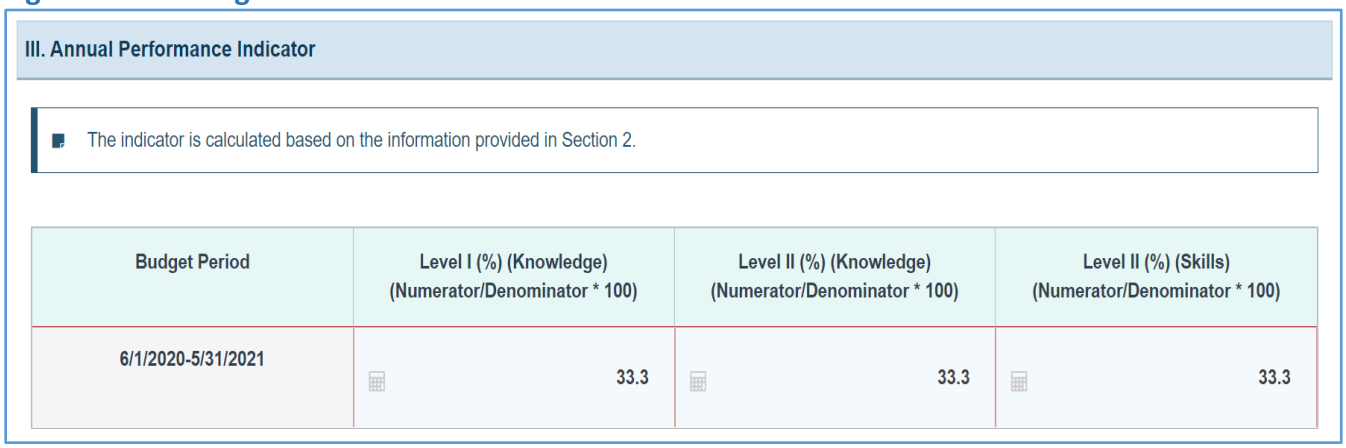
II. Data Collection for Detail Sheet - Medium-Term Trainees Skill and Knowledge

Level I Medium-Term Trainees - Knowledge	
* A. The total number of Level I Medium-Term Trainees (40-149 hours)	40
* B. The total number of Level I MTT lost to follow-up	10
C. The total number of respondents (A-B) = Denominator	30
* D. Number of respondents reporting increased knowledge (Numerator)	10
E. Percentage of respondents reporting increased knowledge	33.3
Level II Medium-Term Trainees - Knowledge	
* A. The total number of Level II Medium-Term Trainees (150-299 hours)	40
* B. The total number of Level II MTT lost to follow-up	10
C. The total number of respondents (A-B) = Denominator	30
* D. Number of respondents reporting increased knowledge (Numerator)	10
E. Percentage of respondents reporting increased knowledge	33.3
Level II Medium-Term Trainees - Skills	
* A. The total number of Level II Medium-Term Trainees (150-299 hours)	40
* B. The total number of Level II MTT lost to follow-up	10
C. The total number of respondents (A-B) = Denominator	30
* D. Number of respondents reporting increased skills (Numerator)	10
E. Percentage of respondents reporting increased skills	33.3

ANNUAL PERFORMANCE INDICATOR

This section will be automatically populated based on the information provided in section 2, Data Collection Form for Detail Sheet – Long-Term Trainees Working with MCH Populations.

Figure 71: Training 14: Annual Performance Indicator

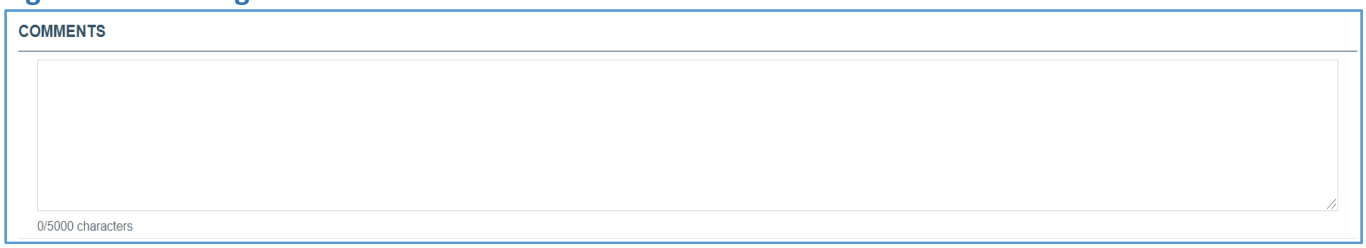


Budget Period	Level I (%) (Knowledge) (Numerator/Denominator * 100)	Level II (%) (Knowledge) (Numerator/Denominator * 100)	Level II (%) (Skills) (Numerator/Denominator * 100)
6/1/2020-5/31/2021	33.3	33.3	33.3

COMMENTS

The grantee may provide additional comments here.

Figure 72: Training 14: COMMENTS



FORM-LEVEL RULES AND VALIDATIONS

1. For **New Competing Performance Reports (NCPRs)**, the grantee must provide objectives in section 1.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and P**roject Period End Reports (PPERs)**, the grantee must provide data in section 2.
3. For **Non-Competing Continuation Performance Reports (NCCPRs)**, the grantee may update the objectives for future years in section 1, if needed.
4. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

TRAINING FORM 15

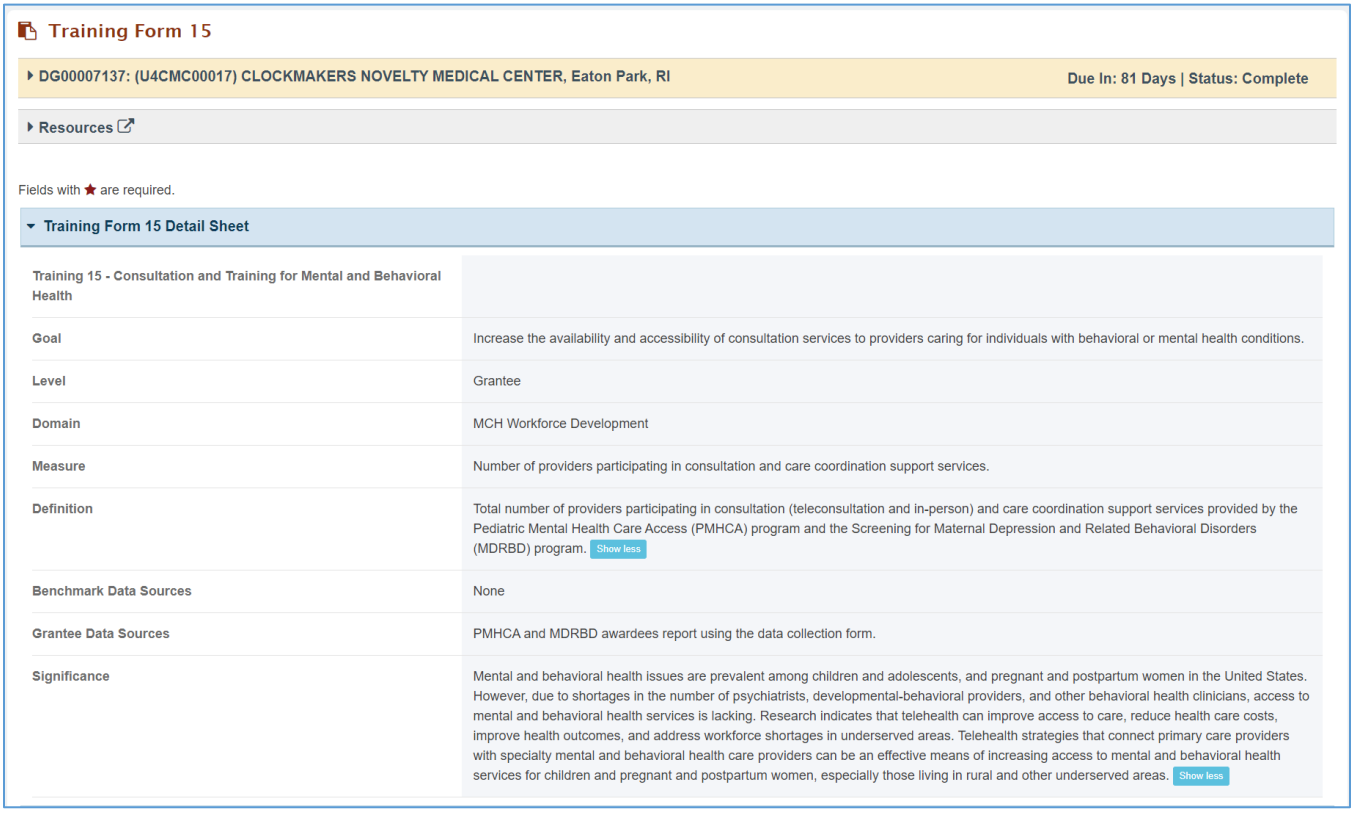
FORM INSTRUCTIONS

TRAINING FORM 15 DETAIL SHEET

The following information is under the **Training Form 15 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Training 15 – Consultation and Training for Mental and Behavioral Health
2. Goal
3. Level
4. Domain
5. Measure
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

Figure 73: Training 15: Detail Sheet



DATA COLLECTION FOR DETAIL SHEET – CONSULTATION AND TRAINING FOR MENTAL AND BEHAVIORAL HEALTH

The grantee must provide data for all the sections on the following two tabs:

1. Provider Consultation and Training
2. Individuals served.

A. PROVIDER CONSULTATION AND TRAINING

The grantee must click on this tab to view its contents and enter data in following sections:

1. Consultation
2. Training

1. CONSULTATION

The grantee must enter the data in following subsections:

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

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

b. Number of consultations and referrals given to providers.

c. Please indicate the condition(s) about which providers contacted the program for consultation (teleconsultation or in-person) or care coordination support services.

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

I. NUMBER AND TYPES OF PROVIDERS ENROLLED FOR AND PARTICIPATING IN PROGRAM CONSULTATION (TELECONSULTATION OR IN-PERSON) AND CARE COORDINATION SUPPORT SERVICES.

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.

Participating provider: 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.

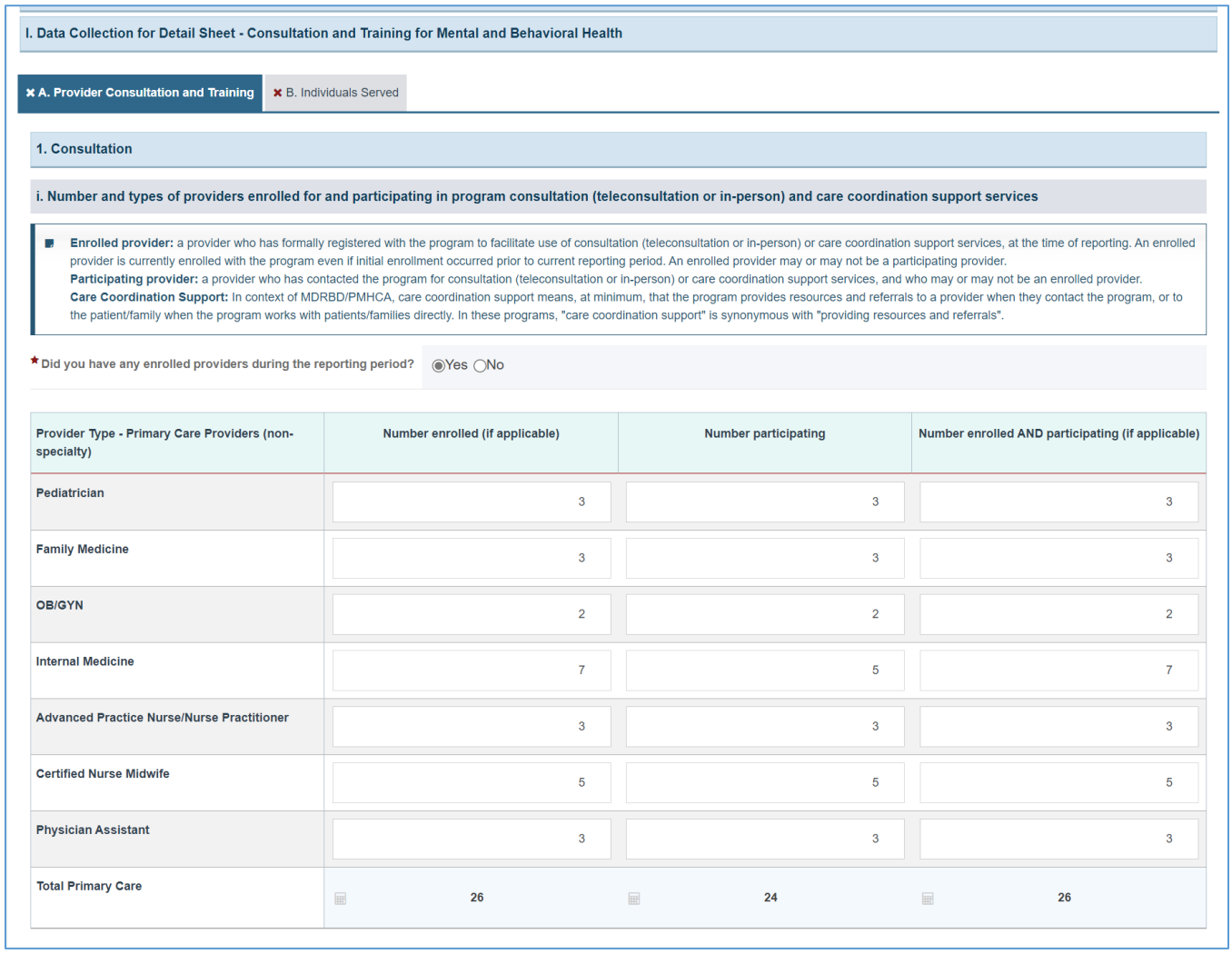
Care Coordination Support: In context of MDRBD/PMHCA, care coordination support means, at minimum, that the program provides resources and referrals to a provider when they contact the program, or to the patient/family when the program works with patients/families directly. In these programs, “care coordination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

1. *Did you have any enrolled providers during the reporting period?* The grantee must select either Yes or No. Please provide a response for this field. (NOTE: If the grantee selects Yes, then all columns of the below table become required for user to enter data. If grantee selects No, *Number participating* column becomes required for user to enter data. The grantee will not

have ability to edit/modify the *Number enrolled* and *Number enrolled AND participating* columns fields.)

2. The grantee will see a table with the following columns: *Provider Type - Primary Care Providers (non-specialty), Number enrolled (if applicable), Number participating, Number enrolled AND participating (if applicable).* The grantee must provide the below information under the *Number enrolled (if applicable), Number participating, Number enrolled AND participating (if applicable)* columns:
    a. *Pediatrician:* Enter an integer from 0–999,999.
    b. *Family Medicine:* Enter an integer from 0–999,999.
    c. *OB/GYN*: Enter an integer from 0–999,999.
    d. *Internal Medicine*: Enter an integer from 0–999,999.
    e. *Advanced Practice Nurse/Nurse Practitioner:* Enter an integer from 0–999,999.
    f. *Certified Nurse Midwife:* Enter an integer from 0–999,999.
    g. *Physician Assistant:* Enter an integer from 0–999,999.
    h. *Total Primary Care*: This will be automatically calculated.

Figure 74: Training 15: Number and types of providers enrolled for and participating in program consultation (teleconsultation or in-person) and care coordination support services – Primary Care Providers



I. Data Collection for Detail Sheet - Consultation and Training for Mental and Behavioral Health

A. Provider Consultation and Training | B. Individuals Served

1. Consultation

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

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.
Participating provider: 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.
Care Coordination Support: In context of MDRBD/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".

* Did you have any enrolled providers during the reporting period? (•) Yes ( ) No

Provider Type - Primary Care Providers (non-specialty)	Number enrolled (if applicable)	Number participating	Number enrolled AND participating (if applicable)
Pediatrician	3	3	3
Family Medicine	3	3	3
OB/GYN	2	2	2
Internal Medicine	7	5	7
Advanced Practice Nurse/Nurse Practitioner	3	3	3
Certified Nurse Midwife	5	5	5
Physician Assistant	3	3	3
Total Primary Care	26	24	26

3. The grantee will see a table with the following columns: *Provider Type - Others, Number enrolled (if applicable), Number participating, Number enrolled AND participating (if applicable).* The grantee must provide the below information under the *Number enrolled (if applicable), Number participating, Number enrolled AND participating (if applicable)* columns:
    a. *Psychiatrist:* Enter an integer from 0–999,999.
    b. *Developmental-Behavioral Pediatrician:* Enter an integer from 0–999,999.
    c. *Nurse*: Enter an integer from 0–999,999.
    d. *Behavioral Health Clinician (e.g. psychologist, therapist, counselor)*: Enter an integer from 0–999,999.
    e. *Care Coordinator/ Patient Navigator:* Enter an integer from 0–999,999.
    f. *Other Types of Specialty Physician, APN/NP, PA providers: Description:* The grantee may provide a description in a comma separated list. Please enter in comma separated list.
    g. *Other Specialist Physician, APN/NP, PA:* A response is required if other description is

entered in previous field. Enter an integer from 0–999,999.

h. *Other Providers:* Description: The grantee may provide a description in a comma separated list. Please enter all other reported provider types not captured above in a comma separated list.

i. *Other:* A response is required if other description is entered in previous field. Enter an integer from 0–999,999.

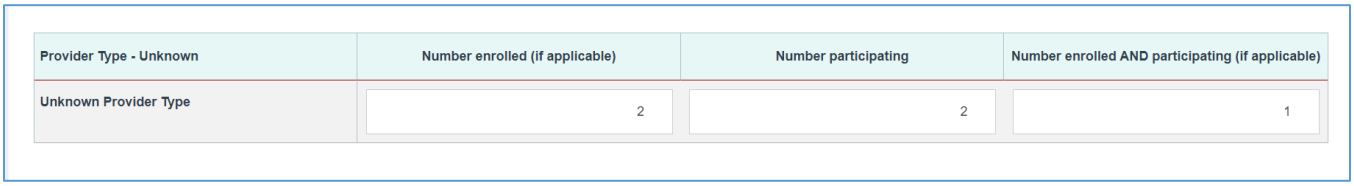
Figure 75: Training 15: Number and types of providers enrolled for and participating in program consultation (teleconsultation or in-person) and care coordination support services – Other Providers

Provider Type - Others	Number enrolled (if applicable)	Number participating	Number enrolled AND participating (if applicable)
Psychiatrist	2	2	2
Developmental-Behavioral Pediatrician	2	2	2
Nurse	2	2	2
Behavioral Health Clinician (e.g. psychologist, therapist, counselor)	6	6	6
Care Coordinator/ Patient Navigator	3	3	3
Other Types of Specialty Physician, APN/NP, PA providers: Description *(Please enter in comma separated list.)*	Other Specialty providers 1	Other Specialty providers 2	Other Specialty providers 3
Other Specialist Physician, APN/NP, PA	2	2	2
Other Providers: Description *(Please enter all other reported provider types not captured above in a comma separated list.)*	Other providers 1	Other providers 2	Other providers 3
Other	1	1	1

4. The grantee will see a table with the following columns: *Provider Type - Unknown, Number enrolled (if applicable), Number participating, Number enrolled AND participating (if applicable).* The grantee must provide the below information under the *Number enrolled (if applicable), Number participating, Number enrolled AND participating (if applicable)* columns:

   a. *Unknown Provider Type:* Enter an integer from 0–999,999.

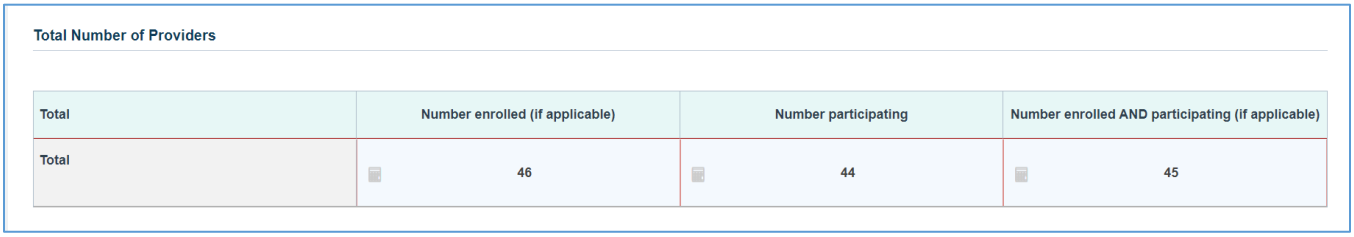
Figure 76: Training 15: Number and types of providers enrolled for and participating in program consultation (teleconsultation or in-person) and care coordination support services – Unknown Providers



Provider Type - Unknown	Number enrolled (if applicable)	Number participating	Number enrolled AND participating (if applicable)
Unknown Provider Type	2	2	1

5. The grantee will see a table with the following columns: *Total, Number enrolled (if applicable), Number participating, Number enrolled AND participating (if applicable).*
    a. *Total*: This section will be automatically calculated as a sum of Total Primary care providers, Total Others and Unknown Providers.

Figure 77: Training 15: Number and types of providers enrolled for and participating in program consultation (teleconsultation or in-person) and care coordination support services – Total Number of Providers



Total Number of Providers

Total	Number enrolled (if applicable)	Number participating	Number enrolled AND participating (if applicable)
Total	46	44	45

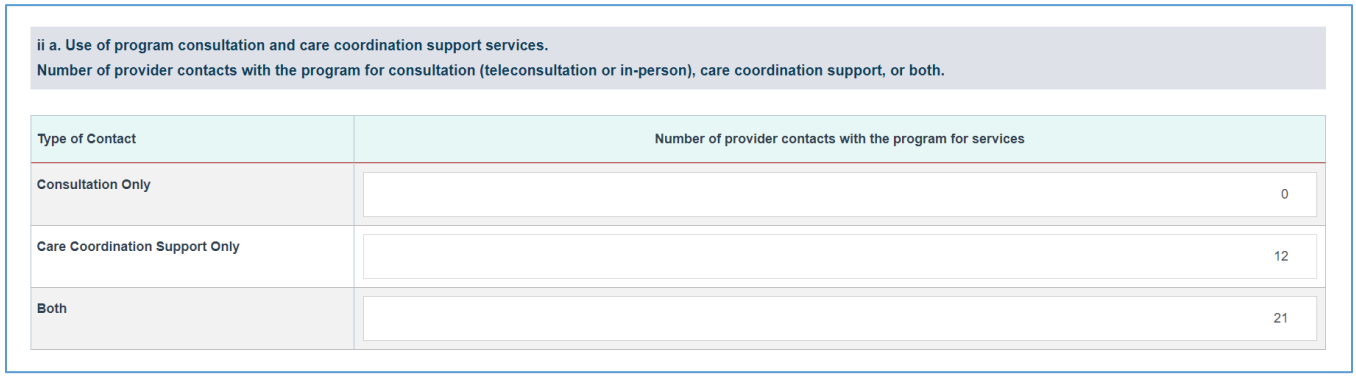
II A. USE OF PROGRAM CONSULTATION AND CARE COORDINATION SUPPORT SERVICES.

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

The grantee will see a table with the following columns: *Type of Contact* and *Number of provider contacts with the program for.* The grantee must provide the below information under the *Number of provider contacts with the program for* column:

1. *Consultation Only:* Enter an integer from 0–999,999.
2. *Care Coordination Support Only:* Enter an integer from 0–999,999.
3. *Both*: Enter an integer from 0–999,999.

Figure 78: Training 15: Number of provider contacts with the program for consultation (teleconsultation or in-person), care coordination support, or both



ii a. Use of program consultation and care coordination support services.
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	0
Care Coordination Support Only	12
Both	21

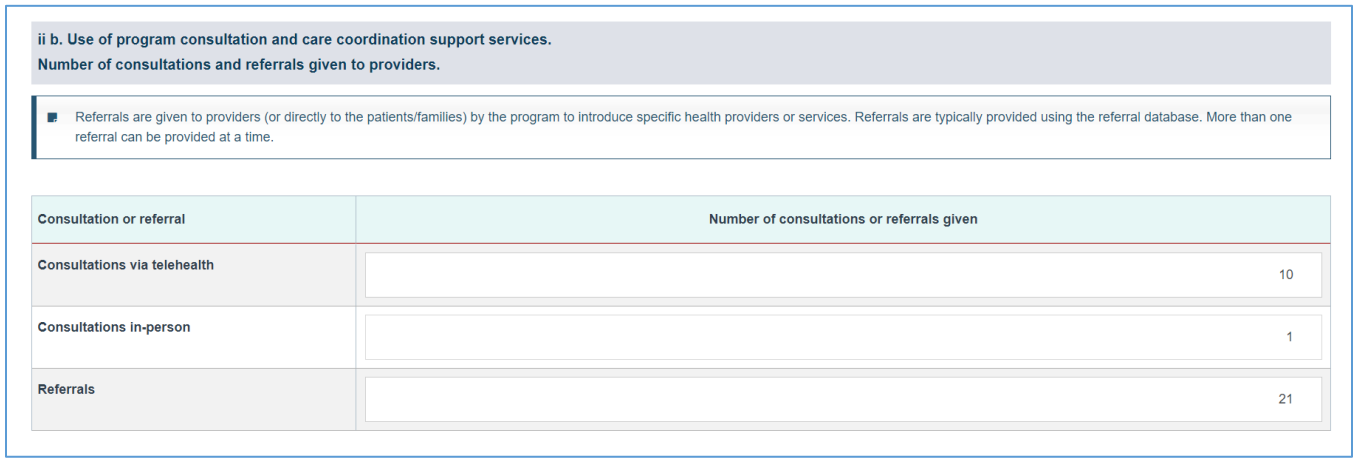
II B. USE OF PROGRAM CONSULTATION AND CARE COORDINATION SUPPORT SERVICES. NUMBER OF CONSULTATIONS AND REFERRALS GIVEN TO PROVIDERS.

Referrals are given to providers (or directly to the patients/families) by the program to introduce specific health providers or services. Referrals are typically provided using resources included in the referral database. More than one referral can be provided at a time.

The grantee will see a table with the following columns: *Consultation or referral* and *Number of consultations or referrals given.* The grantee must provide the below information under the *Number of consultations or referrals given* column:

1. *Consultations via telehealth:* Enter an integer from 0–999,999.
2. *Consultations in-person:* Enter an integer from 0–999,999.
3. *Referrals*: Enter an integer from 0–999,999.

Figure 79: Training 15: Number of consultations and referrals given to providers



ii b. Use of program consultation and care coordination support services.
Number of consultations and referrals given to providers.

Referrals are given to providers (or directly to the patients/families) by the program to introduce specific health providers or services. Referrals are typically provided using the referral database. More than one referral can be provided at a time.

Consultation or referral	Number of consultations or referrals given
Consultations via telehealth	10
Consultations in-person	1
Referrals	21

II C. USE OF PROGRAM CONSULTATION AND CARE COORDINATION SUPPORT SERVICES. PLEASE INDICATE THE CONDITION(S) ABOUT WHICH PROVIDERS CONTACTED THE PROGRAM FOR CONSULTATION (TELECONSULTATION OR IN-PERSON) OR CARE COORDINATION SUPPORT SERVICES.

If the patient has a diagnosed condition, but the provider received consultation about another condition, a different presenting concern, or another reason, please 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 problem, or another reason. The condition(s) selected should be the reason(s) the provider received consultation (teleconsultation or in-person) or care coordination support services.

Specify the number of contacts for each condition. Each contact can involve more than one condition. In this section, the grantee must provide the number of contacts for each condition applicable.

1. *Anxiety disorders:* Enter an integer from 0–999,999.
2. *Depressive disorders (excluding postpartum depression):* Enter an integer from 0–999,999.
3. *Postpartum depression*: Enter an integer from 0–999,999.
4. *Bipolar and related disorders*: Enter an integer from 0–999,999.
5. *Attention-Deficit/ Hyperactivity Disorder (ADHD)*: Enter an integer from 0–999,999.
6. *Autism Spectrum Disorder:* Enter an integer from 0–999,999.
7. *Disruptive, impulse-control, and conduct disorders*: Enter an integer from 0–999,999.
8. *Feeding and eating disorders*: Enter an integer from 0–999,999.
9. *Obsessive-compulsive and related disorders*: Enter an integer from 0–999,999.
10. *Trauma and stressor-related disorders*: Enter an integer from 0–999,999.
11. *Schizophrenia spectrum and other psychotic disorders*: Enter an integer from 0–999,999.
12. *Substance-related disorders-alcohol:* Enter an integer from 0–999,999.
13. *Substance-related disorders-marijuana*: Enter an integer from 0–999,999.
14. *Substance-related disorders-nicotine*: Enter an integer from 0–999,999.
15. *Substance-related disorders – opioids.* Enter an integer from 0–999,999.
16. *Substance-related disorders – Others.* Enter an integer from 0–999,999.
17. *Suicidality or self-harm.* Enter an integer from 0–999,999.
18. *Other – Description:* The grantee may provide a description in a comma separated list. Please enter all other reported conditions in comma separated list.
19. *Other:* A response is required if other description is entered in previous field. Enter an integer from 0–999,999.

Figure 80: Training 15: Number of providers contacted the program for consultation (teleconsultation or in-person) or care coordination support services

ii c. Use of program consultation and care coordination support services.
Please indicate the condition(s) about which providers contacted the program for consultation (teleconsultation or in-person) or care coordination support services.

If the patient has a diagnosed condition, but the provider is calling about another condition, a different presenting concern, or another reason, please count the reason(s) the provider is calling the program. If the patient does not have a diagnosis, the reason for contact can be a suspected diagnosis, diagnostic impression, presenting concerns/symptoms, suspected problem, or another reason. The condition(s) selected should be the reason(s) the provider is calling for consultation (teleconsultation or in-person) or care coordination support services.

Specify the number of contacts for each condition. Each contact can involve more than one condition.

* Anxiety Disorders	3
* Depressive Disorders - (excluding postpartum depression)	2
* Postpartum depression	1
* Bipolar and related disorders	4
* Attention-Deficit/Hyperactivity Disorder (ADHD)	3
* Autism Spectrum Disorder	3
* Disruptive, impulsive-control, and conduct disorders	0
* Feeding and eating disorders	0
* Obsessive-compulsive and related disorders	5
* Trauma and stressor-related disorders	8
* Schizophrenia spectrum and other psychotic disorders	9
* Substance-related disorders - alcohol	3
* Substance-related disorders - marijuana	1
* Substance-related disorders - nicotine	1
* Substance-related disorders - opioids	1
* Substance-related disorders - Others	1
* Suicidality or self-harm	1
Other - Description *(Please enter all other reported conditions in comma separated list.)*	Other Condition 15/1000 characters
Other	1

III. NUMBER OF CONSULTATIONS (TELECONSULTATIONS AND IN-PERSON) AND REFERRALS PROVIDED BY EACH MEMBER OF THE MENTAL HEALTH TEAM. [MEASURES APPLIES ONLY TO PMHCA AWARDEES]

The grantee will see a table with the following columns: *Member of mental health team, Number of consultations provided, and Number of referrals provided*. The grantee must provide the below information under the *Number of consultations provided and Number of referrals provided* columns:

1. *Psychiatrist:* Enter an integer from 0–999,999.
2. *Psychologist:* Enter an integer from 0–999,999.
3. *Social Worker*: Enter an integer from 0–999,999.
4. *Counselor:* Enter an integer from 0–999,999.
5. *Care Coordinator*: Enter an integer from 0–999,999.
6. *Other behavioral clinicians:* Enter an integer from 0–999,999.
7. *Other Description:* The grantee may provide a description in a comma separated list. The grantee may provide a description in a comma separated list.
8. *Other*: A response is required if other description is entered in previous field. Enter an integer from 0–999,999.

Figure 81: Training 15: Number of consultations (teleconsultations and in-person) and referrals provided by each member of the mental health team.

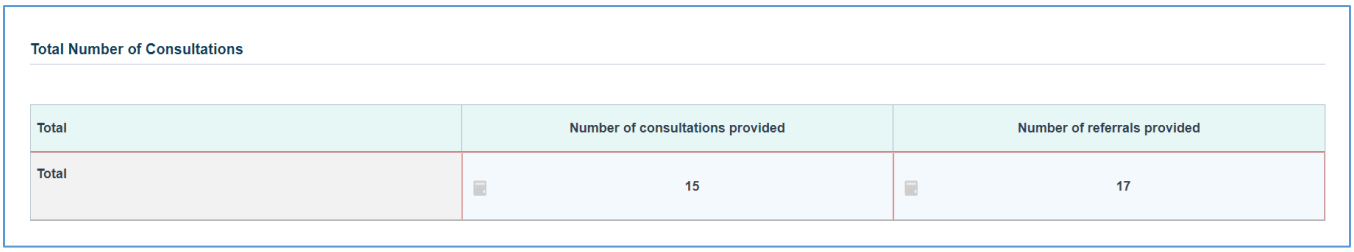
iii. Number of consultations (teleconsultations and in-person) and referrals provided by each member of the mental health team. [Measures applies only to PMHCA awardees]

Member of mental health team	Number of consultations provided	Number of referrals provided
Psychiatrist	1	1
Psychologist	1	3
Social Worker	2	2
Counselor	4	5
Care Coordinator	2	1
Other behavioral clinicians	4	3
Other Description *(Please enter all other reported members in comma separated list.)*	Other member 1	Other member 1, Other member 2
Other	1	2

The grantee will see a table with the following columns: *Total, Number enrolled (if applicable), Number of consultations provided, and Number of referrals provided.*

1. *Total*: This section will be automatically calculated.

Figure 82: Training 15: Total Number of Consultations.



2. TRAINING

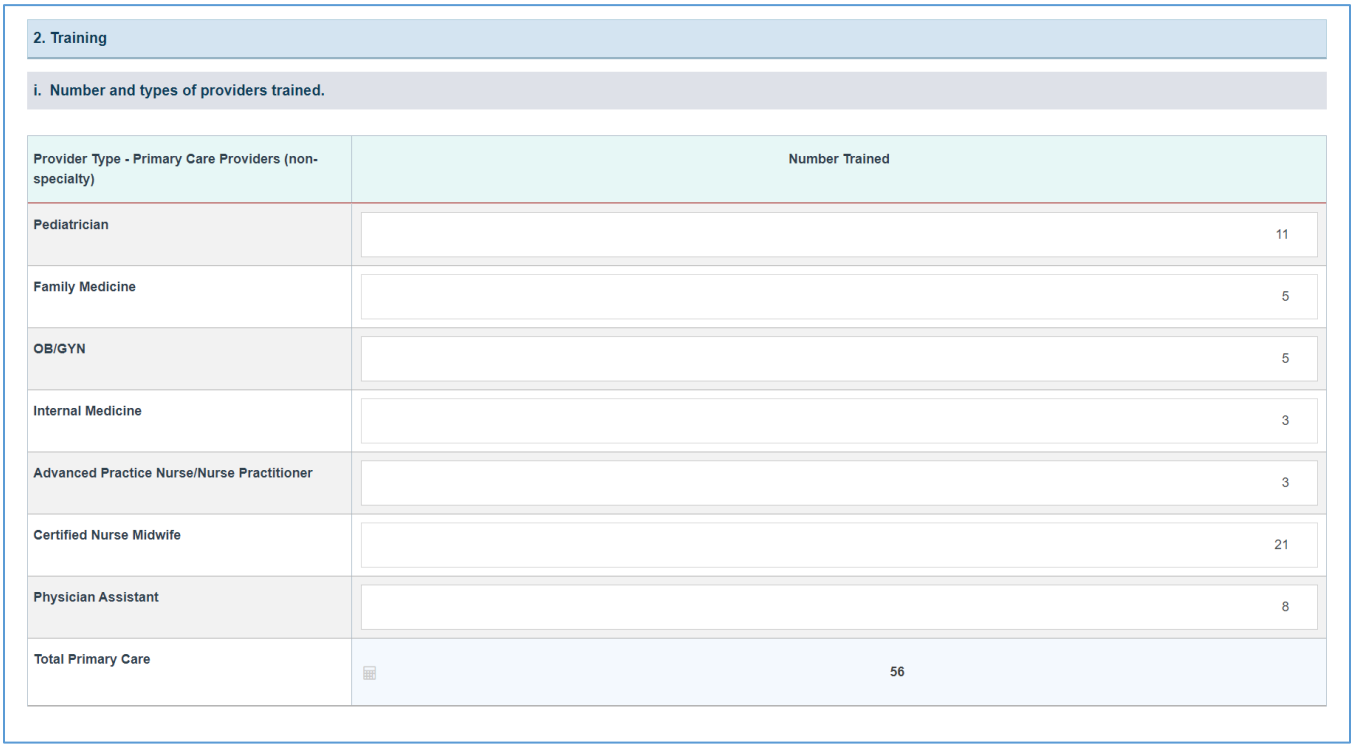
The grantee must enter the data in following subsections:

i. Number and types of providers trained.
ii. Total number of trainings held.

I. NUMBER AND TYPES OF PROVIDERS TRAINED.

1. The grantee will see a table with the following columns: *Provider Type - Primary Care and Number Trained.* The grantee must provide the below information under the *Number Trained* column:
    a. *Pediatrician:* Enter an integer from 0–999,999.
    b. *Family Medicine:* Enter an integer from 0–999,999.
    c. *OB/GYN*: Enter an integer from 0–999,999.
    d. *Internal Medicine*: Enter an integer from 0–999,999.
    e. *Advanced Practice Nurse/Nurse Practitioner:* Enter an integer from 0–999,999.
    f. *Certified Nurse Midwife:* Enter an integer from 0–999,999.
    g. *Physician Assistant: Enter* an integer from 0–999,999.
    h. *Total Primary Care*: This will be automatically calculated.

Figure 83: Training 15: Number and types of providers trained – Primary Care Providers (non – specialty)



2. Training

i. Number and types of providers trained.

Provider Type - Primary Care Providers (non-specialty)	Number Trained
Pediatrician	11
Family Medicine	5
OB/GYN	5
Internal Medicine	3
Advanced Practice Nurse/Nurse Practitioner	3
Certified Nurse Midwife	21
Physician Assistant	8
Total Primary Care	56

2. The grantee will see a table with the following columns: *Provider Type – Others and Number Trained.* The grantee must provide the below information under the *Number Trained* column:
    a. *Psychiatrist:* Enter an integer from 0–999,999.
    b. *Developmental-Behavioral Pediatrician:* Enter an integer from 0–999,999.
    c. *Nurse*: Enter an integer from 0–999,999.
    d. *Behavioral Health Clinician (e.g. psychologist, therapist, counselor)*: Enter an integer from 0–999,999.
    e. *Care Coordinator/ Patient Navigator:* Enter an integer from 0–999,999.
    f. *Other Types of Specialty Physician, APN/NP, PA providers: Description:* The grantee may provide a description in a comma separated list. Please enter in comma separated list.
    g. *Other Specialist Physician, APN/NP, PA:* A response is required if other description is entered in previous field. Enter an integer from 0–999,999.
    h. *Other Providers:* Description: The grantee may provide a description in a comma separated list. Please enter all other reported provider types not captured above in a comma separated list.
    i. *Other:* A response is required if other description is entered in previous field. Enter an integer from 0–999,999.

Figure 84: Training 15: Number and types of providers trained – Other Providers

Provider Type - Others	Number Trained
Psychiatrist	9
Developmental-Behavioral Pediatrician	1
Nurse	1
Behavioral Health Clinician (e.g. psychologist, therapist, counselor)	2
Care Coordinator/ Patient Navigator	3
Other Types of Specialty Physician, APN/NP, PA providers: Description *(Please enter in comma separated list.)*	Other provider 1
Other Specialist Physician, APN/NP, PA	1
Other Providers: Description *(Please enter all other reported provider types not captured above in a comma separated list.)*	Other provider 1, Other provider 2
Other	2

3. The grantee will see a table with the following columns: *Provider Type – Unknown and Number Trained.* The grantee must provide the below information under the *Number Trained* column:
    a. *Unknown Provider Type:* Enter an integer from 0–999,999.

Figure 85: Training 15: Number and types of providers trained – Unknown Providers

Provider Type - Unknown	Number Trained
Unknown Provider Type	12

4. The grantee will see a table with the following columns: *Total and Number Trained.*
    a. *Total*: This section will be automatically calculated as a sum of Total Primary care providers, Total Others and Unknown Providers.

Figure 86: Training 15: Number and types of providers trained – Total Number of Providers Trained

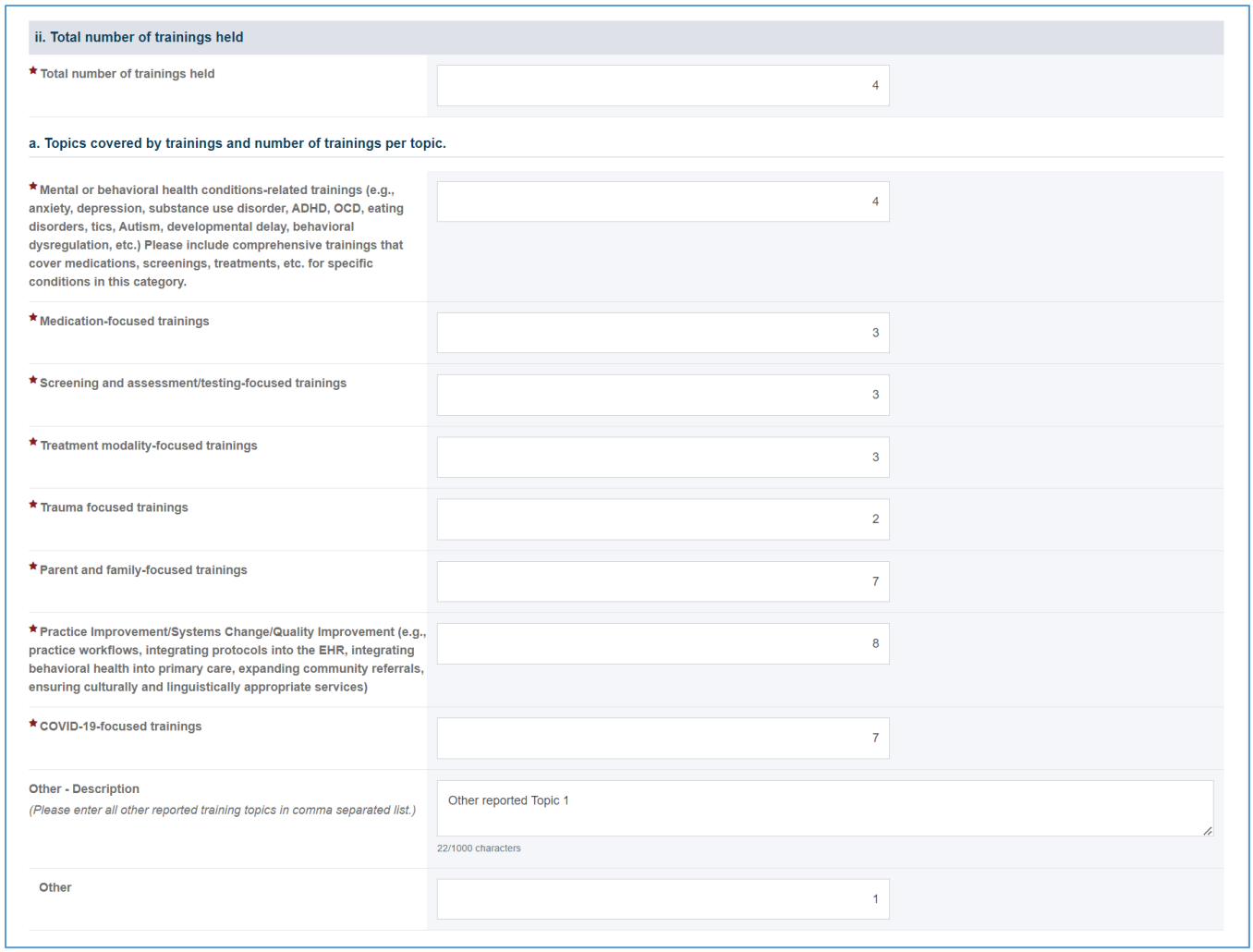
Total Number of Providers Trained

Total	Number Trained
Total	87

II. TOTAL NUMBER OF TRAININGS HELD.

1. *Total number of trainings held:* This will be automatically populated as a sum of the number of trainings reported in all the integer fields mentioned in section *Topics covered by trainings and number of trainings per topic*.
2. *Topics covered by trainings and number of trainings per topic:* Grantee must provide the number of trainings covering below topics that are applicable.
    a. *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.:* Enter an integer from 0–999,999.
    b. *Medication-focused trainings*: Enter an integer from 0–999,999.
    c. *Screening and assessment/testing-focused trainings*: Enter an integer from 0–999,999.
    d. *Treatment modality-focused trainings*: Enter an integer from 0–999,999.
    e. *Trauma focused trainings*: Enter an integer from 0–999,999.
    f. *Parent and family-focused trainings*: Enter an integer from 0–999,999.
    g. *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*): Enter an integer from 0–999,999.
    h. *COVID-19-focused trainings*: Enter an integer from 0–999,999.
    i. *Other – Description*: The grantee may provide a description in a comma separated list. Please enter all other reported conditions in a comma separated list.
    j. *Other:* A response is required if other description is entered in previous field. Enter an integer from 0–999,999.

Figure 87: Training 15: Total number of trainings held



ii. Total number of trainings held

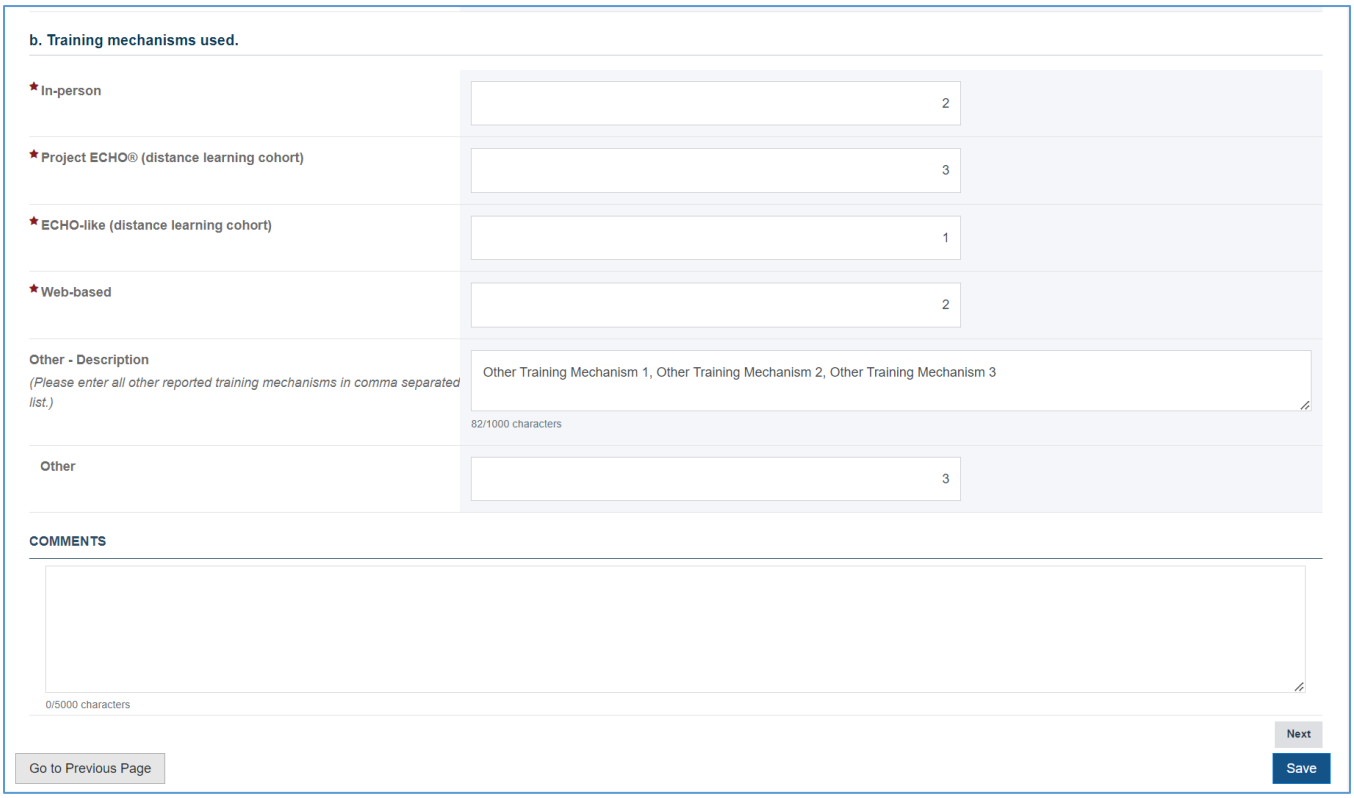
* Total number of trainings held	4

a. Topics covered by trainings and number of trainings per topic.

* 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.	4
* Medication-focused trainings	3
* Screening and assessment/testing-focused trainings	3
* Treatment modality-focused trainings	3
* Trauma focused trainings	2
* Parent and family-focused trainings	7
* 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)	8
* COVID-19-focused trainings	7
Other - Description *(Please enter all other reported training topics in comma separated list.)*	Other reported Topic 1 (22/1000 characters)
Other	1

3. *Training mechanisms used*: Grantee must provide the number of trainings using below Training Mechanisms.
    a. *In-person*: Enter an integer from 0–999,999.
    b. *Project ECHO® (distance learning cohort):* Enter an integer from 0–999,999.
    c. *ECHO-like (distance learning cohort):* Enter an integer from 0–999,999.
    d. *Web-based*: Enter an integer from 0–999,999.
    e. *Other – Description*: The grantee may provide a description in a comma separated list. Please enter all other reported conditions in comma separated list.
    f. *Other*: A response is required if other description is entered in previous field. Enter an integer from 0–999,999.

Figure 88: Training 15: Training Mechanisms Used



B. INDIVIDUALS SERVED

1. *Please select the program you are reporting about:* Select checkboxes. Selecting the checkbox *PMHCA* will unlock the *Children 0-11* and *Adolescents 12-21* rows in the three sections below. *Women (pregnant or postpartum)* rows will not be editable for grantee to enter data. Selecting the checkbox *MDRBD* will unlock *Women (pregnant or postpartum)* rows in the three sections below. *Children 0-11* and *Adolescents 12-21* rows will not be editable for grantee to enter data.
2. Number of individuals for whom a provider contacted the program for consultation (teleconsultation or in-person) or care coordination support services.

1. NUMBER OF INDIVIDUALS FOR WHOM A PROVIDER CONTACTED THE PROGRAM FOR CONSULTATION (TELECONSULTATION OR IN-PERSON) OR CARE COORDINATION SUPPORT SERVICES.

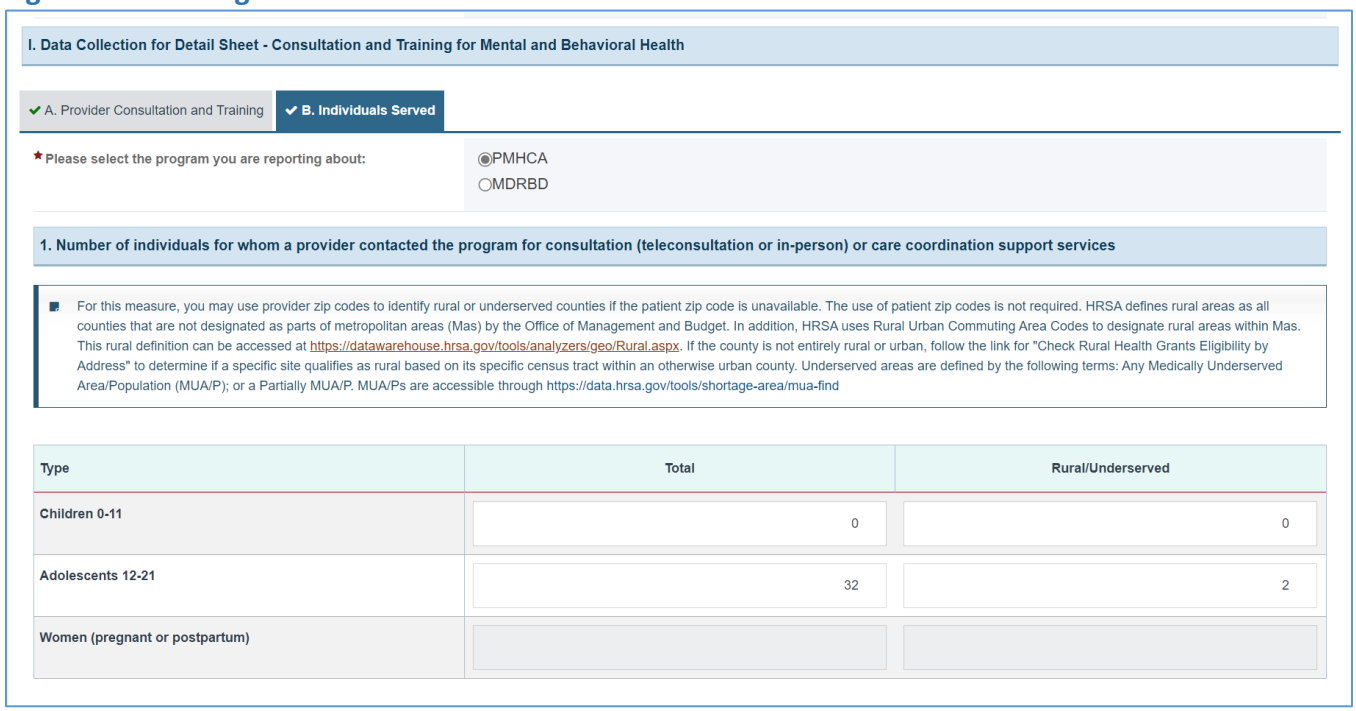
For this measure, you may use provider zip codes to identify rural or underserved counties if the patient zip code is unavailable. The use of patient zip codes is not required. HRSA defines rural areas as all counties that are not designated as parts of metropolitan areas (Mas) by the Office of Management 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.

The grantee will see a table with the following columns: Type, Total and Rural/Undeserved. The grantee must provide the below information under the Total and Rural/Undeserved column:

1. *Children 0-11:* Enter an integer from 0–999,999.
2. *Adolescents 12-21:* Enter an integer from 0–999,999.
3. *Women (pregnant or postpartum):* Enter an integer from 0–999,999.

Figure 89: Training 15: Individuals Served

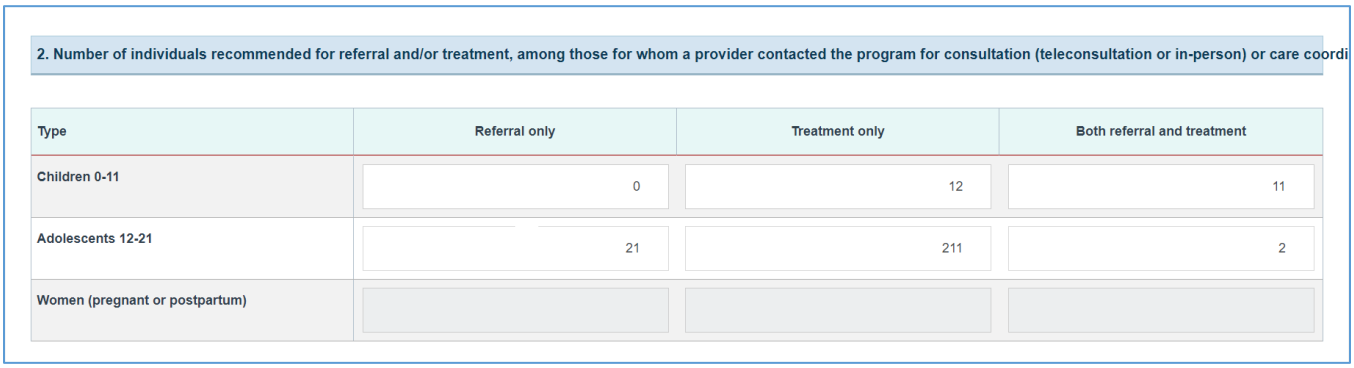


2. NUMBER OF INDIVIDUALS RECOMMENDED FOR REFERRAL AND/OR TREATMENT, AMONG THOSE FOR WHOM A PROVIDER CONTACTED THE PROGRAM FOR CONSULTATION (TELECONSULTATION OR IN-PERSON) OR CARE COORDINATION SUPPORT SERVICES.

The grantee will see a table with the following columns: *Type, Referral only, Treatment only* and *Both referral and treatment.* The grantee must provide the below information under the *Referral only, Treatment only* and *Both referral and treatment* columns:

1. *Children 0-11:* Enter an integer from 0–999,999.
2. *Adolescents 12-21:* Enter an integer from 0–999,999.
3. *Women (pregnant or postpartum):* Enter an integer from 0–999,999.

Figure 90: Training 15: 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.



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 coordi

Type	Referral only	Treatment only	Both referral and treatment
Children 0-11	0	12	11
Adolescents 12-21	21	211	2
Women (pregnant or postpartum)			

3. PERCENT OF INDIVIDUALS SCREENED FOR BEHAVIORAL OR MENTAL HEALTH CONDITION [OPTIONAL]

Numerator:

For PMHCA: 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.
For MDRBD: Number of pregnant and postpartum women (PPW) for whom a provider contacted the program for consultation or referral during the reporting period, who received at least one screening for [depression, anxiety, or substance use] using a standardized validated tool.

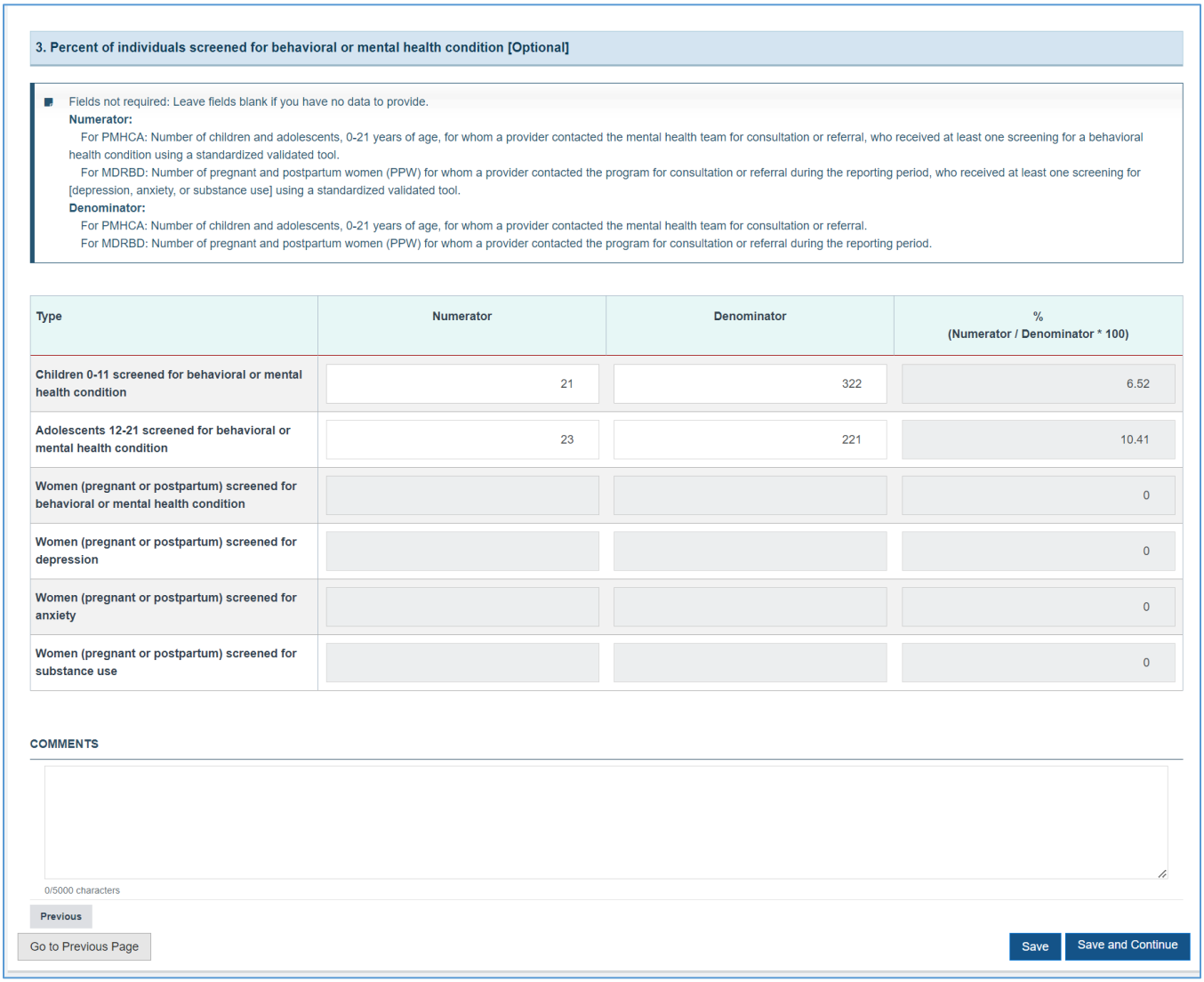
Denominator:

For PMHCA: Number of children and adolescents, 0-21 years of age, for whom a provider contacted the mental health team for consultation or referral.
For MDRBD: Number of pregnant and postpartum women (PPW) for whom a provider contacted the program for consultation or referral during the reporting period.

The grantee will see a table with the following columns: *Type, Numerator, Denominator* and *%.* The grantee may provide the below information under the *Numerator* and Denominator columns and may leave the fields blank if no data to provide:

1. *Children 0-11 screened for behavioral or mental health condition:* Enter an integer from 0–999,999.
2. *Adolescents 12-21 screened for behavioral or mental health condition:* Enter an integer from 0–999,999.
3. *Women (pregnant or postpartum) screened for behavioral or mental health condition:* Enter an integer from 0–999,999.
4. *Women (pregnant or postpartum) screened for depression:* Enter an integer from 0–999,999.
5. *Women (pregnant or postpartum) screened for anxiety:* Enter an integer from 0–999,999.
6. *Women (pregnant or postpartum) screened for substance use:* Enter an integer from 0–999,999.

Figure 91: Training 15: Percent of individuals screened for behavioral or mental health condition [Optional]



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

Fields not required: Leave fields blank if you have no data to provide.

Numerator:

For PMHCA: 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.

For MDRBD: Number of pregnant and postpartum women (PPW) for whom a provider contacted the program for consultation or referral during the reporting period, who received at least one screening for [depression, anxiety, or substance use] using a standardized validated tool.

Denominator:

For PMHCA: Number of children and adolescents, 0-21 years of age, for whom a provider contacted the mental health team for consultation or referral.

For MDRBD: Number of pregnant and postpartum women (PPW) for whom a provider contacted the program for consultation or referral during the reporting period.

Type	Numerator	Denominator	% (Numerator / Denominator * 100)
Children 0-11 screened for behavioral or mental health condition	21	322	6.52
Adolescents 12-21 screened for behavioral or mental health condition	23	221	10.41
Women (pregnant or postpartum) screened for behavioral or mental health condition			0
Women (pregnant or postpartum) screened for depression			0
Women (pregnant or postpartum) screened for anxiety			0
Women (pregnant or postpartum) screened for substance use			0

COMMENTS

0/5000 characters

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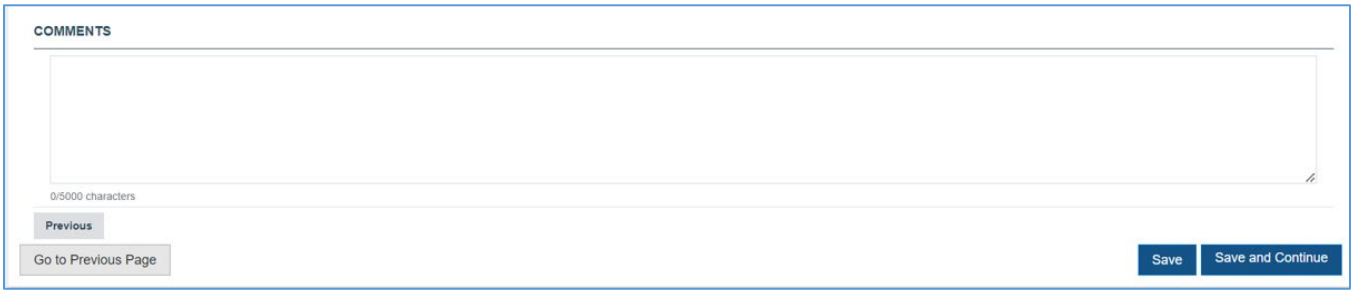
COMMENTS

The grantee may provide additional comments here.

Figure 92: Training 15: COMMENTS



COMMENTS

0/5000 characters

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FORM-LEVEL RULES AND VALIDATIONS

1. All Fields:
    a. All editable fields are required, and the grantee must at least report a 0 if the amounts are not available.
    b. If nothing is reported, an error message will appear.
    c. All editable fields only accept numeric values.
    d. All editable fields except the description field and comments section will not accept text value.
2. For **New Competing Performance Reports (NCPRs), Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee must provide data in all sections except *Percent of individuals screened for behavioral or mental health condition* Section on *Individuals Served* tab.
3. All Sections:
    a. If Report Type = **NCCPR** or **PPER**, then data will **NOT** be prepopulated from previously approved reports.
4. Other Description fields:
    a. Field will accept only text values.
    b. Field will accept a maximum of 1,000 characters.
    c. Grantee must enter data in "Other" field if description is entered in "Other description" field.
5. In *Number and types of providers enrolled for and participating in program consultation (teleconsultation or in-person) and care coordination support services* section:
    a. All fields of this section will be disabled by default.
    b. If *Did you have any enrolled providers during the reporting period?* = Yes, then all fields will be enabled, and grantee must provide data in all fields.
    c. If *Did you have any enrolled providers during the reporting period?* = No, then *Number participating* column will be enabled, and grantee must provide data in all fields under this column. The grantee will not have ability to edit/modify the *Number enrolled* and *Number enrolled AND participating* columns fields.
6. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).