

ACADEMIC YEAR 2018-2019



**Instruction Manual for Grantees of the
Mental and Behavioral Health Education and
Training**

Annual Performance Report


Welcome


Welcome to the Bureau of Health Workforce's Performance Measures Handbook (BPMH)! This instruction manual has been carefully designed to assist your organization in completing the required Performance Report for Grants and Cooperative Agreements (PRGCA). Please read through this manual carefully, as it contains examples and a series of step-by-step instructions that will aid you in completing all required forms.


1. All required performance measures are linked to the following legislative purpose(s) of the **MBHET** grant program:
 - **Faculty development;**
 - **Curricula & Instructional Design / Program Enhancement;**
 - **Field Placements for MSW Students; and**
 - **Pre-degree internships for doctoral-level psychology students.**
2. Data submitted by grantees of the program must cover all activities that took place between **July 01, 2018 - June 30, 2019** (Referred to as **Annual Performance Report**).
3. **The PRGCA is due no later than July 31, 2019.** Failure to submit a PRGCA by this date may place your grant in a noncompliant status.
4. Officials at the Health Resources and Services Administration (HRSA) will review and approve all PRGCAs submitted by grantees. In the case that revisions are needed, you will be granted the ability to re-enter the BPMH system, make corrections, and submit a revised PRGCA. All revisions must be resubmitted within five (5) business days of the initial request. Failure to resubmit a revised PRGCA within five (5) business days may place your grant in a noncompliant status.
5. We appreciate your feedback and assistance during this process. If you have any questions or require further assistance in completing your PRGCA, please visit the grants homepage or contact the HRSA Contact Center. All requests for technical assistance will be coordinated through the Call Center and responded to promptly: **Call Center Phone Number: 877-G04-HRSA (877-464-4772) or Call Center Online Assistance Form: [click here](#).**

Getting Started

The Office of Management and Budget (OMB) has issued a 3-year approval for the annual collection of performance measures across all grants and cooperative agreements funded through the Health Resources and Services Administration's Bureau of Health Workforces (BHW) (OMB # **0915-0061**; Expiration Date: **03/31/2022**). The BPMH system has been significantly enhanced to incorporate all approved subforms, as well as increase system performance and functionality. Throughout the manual, there are several icons that identify tips and other important information that will assist you in completing each subform accurately (see below).

 Marks a warning statement. Please read information in **bold** carefully in order to complete each subform accurately.

 Marks a tip or important note for completing a specific column or subform in the BPMH system.

 Marks the end of a subform and provides instructions for initiating required validations checks.

Due to the nature of annual reporting, the BPMH system has been recently enhanced to prepopulate specific columns within certain subforms with data submitted in a previous reporting period. In addition, a "View Prior Period Data" link has been added at the top of each subform in order to provide you with easy access to data submitted by your organization in prior reporting periods.

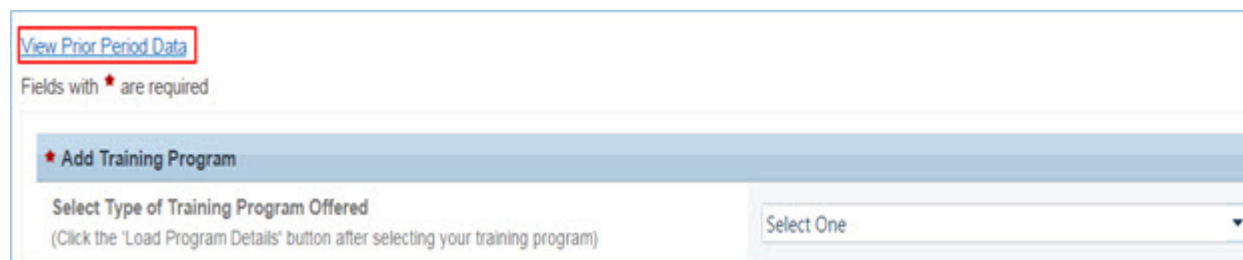
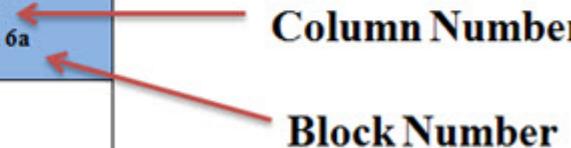


Figure 1. Screenshot of View Prior Period Data Link

Getting Started - How Performance Measure Data Fields Are Identified in the Forms

No.	Type of Training Program	Trainees by Training Category		Attrition	
		Enter # of Enrollees	Enter # of Graduates	Enter # of Individuals who left the Program before Completion	Enter # of URM who left the Program before Completion
	(1)	(2) Block 1	(5) Block 4	(7) Block 6	(8) Block 6a
1	Degree/Diploma MD/MPH Health Policy & Management	20	5	1	0



Column Number
Block Number

Figure 2. Example of Performance Measures Data Table

There are two (2) types of data entry field identifiers. Each data entry field in a performance measure is identified with both types of numbers when the measure appears like the example in the above Figure.

1. **Column Numbers:** The first is a Column number. It is contained in parentheses above the Block number. Column numbers are unique to the field in a particular form and are used to identify error messages. If you receive an error message, it will refer to a Column Number. In that circumstance, find the Column number in the form to locate the error. Data fields that are prepopulated may only be identified with a Column number as shown in Column #1 in the above Figure.
2. **Block Numbers:** The second type of identifier is a Block number. Block numbers are also unique to a data entry field and correspond to the paper version of the performance measures. If you print the performance measures or received paper copies, the data fields are identified with a Block number. The Block numbers here in the EHB are the same as what appears in the paper copies of the performance measures. Nearly all fields where you enter data will be identified with a Block number.

Getting Started: Browser Settings



Warning: Check your browser settings before beginning your PRGCA. Incompatible browsers or incorrect settings will cause forms to display incorrectly.

1. HRSA's Electronic Handbook system (EHB) is compatible only with certain Internet browsers that have specific settings. Please check your settings by logging into EHB and clicking the 'Recommended Settings' tab that appears in the yellow banner at the top left of your home screen. The system will check your browser and its settings for compatibility.
2. There are multiple checks that are performed, and you must receive green check marks next to each setting in order to proceed. The following link will direct you to a page that displays the list of the checks performed: [Recommended Settings](#).
3. Opening this link in your browser will automatically perform the recommended settings checks. Alternatively, you can access the recommended settings page in the EHBs system by clicking the 'Recommended Settings' tab on your EHBs home screen. It is highly recommended to check your settings prior to entering data in the BPMH system.
4. Using different browsers or settings than what is described above may produce unpredictable results. If you find that you are unable to see dropdown menus, cannot enter data into a field, or a form is not appearing, you most likely have a browser compatibility problem.
5. Please check these settings prior to calling the HRSA Call Center or your Government Project Officer. You may be asked to provide a screenshot showing the results of the 'Recommended Settings' tab.

Getting Started: Helpful Resources and Recommendations

The following is a list of resources and tips you may find helpful in the event you need assistance:

1. Begin PRGCA data entry early and submit your report prior to the deadline.
2. **Browser Settings:** Check your Internet browser and its settings by using ‘Recommended Settings’ tab on the EHB home screen within the yellow banner in the top left corner of the screen. Look for green check marks for all system requirements in order to meet system requirements and proceed.
3. **Reporting on Your Grant:** Several resources are available through HRSA’s “Reporting on Your Grant” link <http://bhw.hrsa.gov/grants/reporting/index.html> including general EHB guidance as well as links to the performance measures and program manual.
4. **Resource Links:** Several resources are available via the ‘Resource’ tab on the EHB home screen including the following links:
 1. View Prior Period Data- Previously submitted PRGCA data are available in read-only mode
 2. Glossary- Current definitions of key terms
 3. Instruction Manual- Electronic copy of this program manual (can also be found on the HRSA.gov website)
5. **Video Recordings:**
 1. Videos with general information about how to enter data in the BPMH system are available at <https://help.hrsa.gov/display/public/EHBSKBFG/BPMH+Videos>.
6. **Grant Personnel:** Review your grant personnel listed in EHB and update this list as necessary. Ensure that listed personnel have appropriate authorizations (i.e., PRGCA submission, etc.). Make sure you have a backup person in place to submit your report!
7. **Sequence of Forms:** Complete PRGCA forms in the order they appear (i.e., complete EXP-1 prior to EXP-2)
8. **Saving and Validating:** You must click ‘Save and Validate’ in order to move to the next form. Save your work frequently (every 15-20 minutes) and print a hard copy of your report prior to submission.
9. **Government Project Officers:** Contact your Government Project Officer if you need further assistance on the content of your report.
10. **HRSA Call Center:** If you need additional assistance, contact the HRSA Call Center. If you have contacted the Call Center and are waiting for a reply, you should follow-up with them 48 hours after the initial contact. Have your ticket number ready (the same ticket number will be used at all tier levels now). Do not wait for the Call Center to return a phone call or email: **Call Center Phone Number: 877-Go4-HRSA/877-464-4772 or Call Center Online Assistance Form [click here](#).**

Order of Required Forms

The following table shows the order that subforms will appear throughout the BPMH system for your specific grant program. Please note that clicking on the "Save and Validate" button at the end of each subform will cause the system to check all Blocks for errors and route you to the next required subform on the list. If you need to go back to any subform for any reason, simply click on the Form ID on the left sidebar of the Electronic Handbook (EHB). Please note that changing data that has already been saved will require you to click on the "Save and Validate" button and go through the validation process once more.

Order	Type of Form	Parent Form	Form ID	Applicable Grant Purpose(s)
1	Setup Form	SetupForms	Grant Purpose	
2	Setup Form	SetupForms	Training Program	BHWET-1,BHWET-2
3	Setup Form	SetupForms	Faculty Development	BHWET-1,BHWET-2
4	Performance Data Form	ProgramCharacteristics-PCSubforms	PC-1	BHWET-2
5	Performance Data Form	ProgramCharacteristics-PCSubforms	PC-4	BHWET-1
6	Performance Data Form	ProgramCharacteristics-PCSubforms	PC-7	BHWET-1
7	Performance Data Form	IndividualCharacteristics-INDGENSubforms	IND-GEN	BHWET-1,BHWET-2
8	Performance Data Form	IndividualCharacteristics-INDGENSubforms	INDGEN-PY	BHWET-1,BHWET-2
9	Performance Data Form	ExperientialCharacteristics-EXPSubforms	EXP-1	BHWET-1,BHWET-2

Order	Type of Form	Parent Form	Form ID	Applicable Grant Purpose(s)
10	Performance Data Form	ExperientialCharacteristics-EXPSubforms	EXP-2	BHWET-1,BHWET-2
11	Performance Data Form	CourseDevelopmentandEnhancement-CDESubforms	CDE-1	BHWET-3
12	Performance Data Form	CourseDevelopmentandEnhancement-CDESubforms	CDE-2	BHWET-3
13	Performance Data Form	FacultyDevelopmentInstructionandRecruitment-FDSubforms	FD-2a	BHWET-1,BHWET-2
14	Performance Data Form	FacultyDevelopmentInstructionandRecruitment-FDSubforms	FD-2b	BHWET-1,BHWET-2

Setup Forms

Setup Forms - Introduction

Grant Purpose - Setup

Selecting Grant Purpose(s)

Grant Purpose	Select
BHWET-1: Professional Track- Add to existing, expand, and/or foster the development of (a) pre-degree internships for psychology doctoral students (PhD/PsyD), or (b) field placement/practicum slots for graduate-level behavioral health students	<input type="checkbox"/>
BHWET-2: Paraprofessional Track- Add to existing, expand, and/or foster the development of paraprofessional certificate programs for students in behavioral health training programs	<input type="checkbox"/>
BHWET-3: Curriculum Development and Enhancement	<input type="checkbox"/>

Figure 3. Selecting Grant Purpose(s)

To configure the BPMH system, please complete the Grant Purpose Setup form by selecting the specific type(s) of activities that were supported with grant funds during the reporting period (**July 01, 2018 - June 30, 2019**).

BHWET-1: Professional Track- Add to existing, expand, and/or foster the development of (a) pre-degree internships for psychology doctoral students (PhD/PsyD), or (b) field placement/practicum slots for graduate-level behavioral health students:

BHWET-2: Paraprofessional Track- Add to existing, expand, and/or foster the development of paraprofessional certificate programs for students in behavioral health training programs:

BHWET-3: Curriculum Development and Enhancement:



Warning: Selections made in this form will affect the types of subforms and/or drop-down menu options that will appear throughout the BPMH system.



Warning: Unselecting a grant purpose will cause related forms and data to be deleted. If you need to unselect a grant purpose, contact your project officer first to ensure you do not unnecessarily lose any data.



Note: Grantees must select either Grant Purpose #1 or Grant Purpose #2.



Note: Grantees from both the Professional and Paraprofessional tracks may select Grant Purpose #3.



To Complete the Form: Click on \"Save and Validate\" on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Training Program - Setup

Training Program Setup - Selecting Type of Training Program

Purpose: The Training Program Setup form will configure all subsequent subforms specific to internships, practica/field placements and degree/diploma/certificate programs (depending on your grant).

*Add Training Program	
Select Type of Training Program Offered (Click the 'Load Program Details' button after selecting your training program)	Load Program Details
Add Record	

Figure 4. Training Program Setup - Selecting Type of Training Program

Select Type of Training Program Offered: Select the type of training program supported through the grant during the current reporting period by clicking on the drop-down menu and choosing **one** of the following options:

- Degree/Diploma/Certificate Academic Training Program (Degree/Diploma)
- Internship Program
- Practicum/Field Placement program

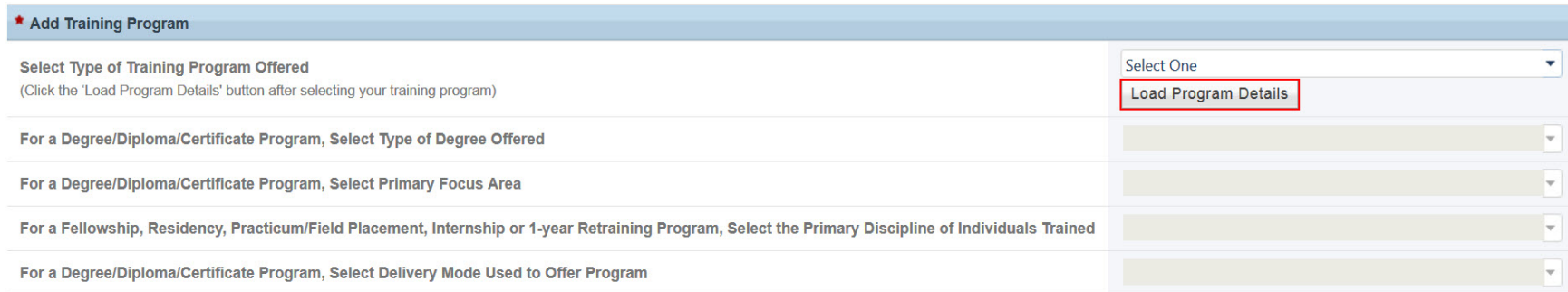


*Note: **Professional Track** Grantees- Select either \"Internship Program\" or \"Practicum/Field Placement Program\"*



*Note: **Paraprofessional Track** Grantees- Select \"Degree/Diploma/Certificate Academic Training Program (Degree/Diploma)\"*

Training Program Setup - Loading Program Details



The screenshot shows a web form titled "Add Training Program". It features a header bar with a red asterisk and the text "Add Training Program". Below the header, there are several rows of form fields. The first row is labeled "Select Type of Training Program Offered" and includes a sub-instruction: "(Click the 'Load Program Details' button after selecting your training program)". To the right of this row is a dropdown menu currently showing "Select One" and a button labeled "Load Program Details" which is highlighted with a red rectangular border. The subsequent rows are labeled with instructions for selecting specific program details: "For a Degree/Diploma/Certificate Program, Select Type of Degree Offered", "For a Degree/Diploma/Certificate Program, Select Primary Focus Area", "For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained", and "For a Degree/Diploma/Certificate Program, Select Delivery Mode Used to Offer Program". Each of these rows has a corresponding empty dropdown menu to its right.

Figure 5. Training Program Setup - Loading Program Details

Click on the “Load Program Details” button. This will activate additional drop-down menus specific to the type of training program selected.

Training Program Setup - Adding Degree/Diploma Program



Warning: This page provides instructions for naming Degree/Diploma/Certificate Programs. This form will only display if you have selected BHWET Grant Purpose #2 (Paraprofessional Track).

*Add Training Program	
For a Degree/Diploma/Certificate Program, Select Type of Degree Offered	
For a Degree/Diploma/Certificate Program, Select Primary Focus Area	
Select Delivery Mode Used to Offer Program	
Add Record	

Figure 6. Training Program Setup - Adding Degree/Diploma Program

For a Degree/Diploma/Certificate Program, Select Type of Degree Offered: Indicate whether the training program was a degree, diploma, or certificate program by clicking on the drop-down menu and choosing the following option:

- Certificate

For a Degree/Diploma/Certificate Program, Select Primary Focus Area: Select the certificate program's primary focus area by clicking on the drop-down menu and choosing one of the following options.

- Student - Paraprofessional - Behavioral Health Technician/Aide
- Student - Paraprofessional - Mental Health Worker
- Student - Paraprofessional - Outreach Worker
- Student - Paraprofessional - Social Services Aide
- Student - Paraprofessional - Youth Worker
- Student - Paraprofessional - Community Health Worker/Promotora
- Student - Paraprofessional - Other
- Student - Paraprofessional - Peer Paraprofessional
- Student - Paraprofessional - Substance Use/ Addictions Worker

Select Delivery Mode Used to Offer Program:

Select the primary mode used to deliver your certificate program during the current reporting period by clicking on the drop-down menu under and choosing one of the options from the list below.

- Click on the "Add Record" button to save your entry.
 - Repeat this process to capture the degree programs of all students who received a BHW-funded financial award during current reporting period.
-
- Campus-based program
 - Distance learning program
 - Hybrid program



Warning: The primary focus option \"Student- Paraprofessional- Other\" should only be selected if none of the provided options appropriately describes your paraprofessional certificate program. Please contact your government project officer to confirm that this is the appropriate option to select.

Training Program Setup - Adding Field Placement/Practicum Program



Warning: This page provides instructions for naming Field Placement/Practicum programs. This form will only display if you have selected **BHWET Grant Purpose #1 (Professional Track)**.

*Add Training Program	
For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained	
Add Record	

Figure 7. Training Program Setup - Adding Field Placement/Practicum Program

For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained:

- Select the primary profession and discipline of individuals in the practicum/field placement by clicking on the drop-down menu and choosing one of the options listed below.
 - Next, click on the "Add Record" button to save your entry.
 - Repeat this process as necessary to add all NEW training programs supported by the grant during the current reporting period.
-
- Student - Graduate - Social Work
 - Student - NP - Psychiatric/Mental health
 - Student - Graduate - Clinical Mental Health Counseling
 - Student - Graduate - Marriage and Family Therapy
 - Student - Graduate - Professional Counseling

Training Program Setup - Adding Internship Program



Warning: This page provides instructions for naming Internship programs. This form will only display if you have selected BHWET Grant Purpose #1 (Professional Track).

*Add Training Program	
For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained	
Add Record	

Figure 8. Training Program Setup - Adding Internship Program

For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained:

- Select the primary profession and discipline of individuals in the internship program by clicking on the drop-down menu and choosing one of the options listed below.
 - Next, click on the "Add Record" button to save your entry.
 - Repeat this process to capture the primary profession and discipline of each new internship program supported with grant funds during the current reporting period.
-
- Student - Graduate - Social Work
 - Student - NP - Psychiatric/Mental health
 - Student - Graduate - Clinical Mental Health Counseling
 - Student - Graduate - Marriage and Family Therapy
 - Student - Graduate - Professional Counseling



Warning: For Pre-Doctoral Internship Programs, select the option \"Student-Graduate-Psychology\"

Training Program Setup - Selecting Training Activity Status

Select Training Activity Status in the Current Reporting Period
(2)

Figure 9. Training Program Setup - Selecting Training Activity Status

Select Training Activity Status in the Current Reporting Period: Select the status of each internship, practicum/field placement, or degree/diploma/certificate program at the end of the current reporting period i.e., **June 30, 2019**) by choosing one of the options below:

- Active
- Inactive



To Complete the Form: Click on \"Save and Validate\" on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Faculty Development - Setup

Selecting Faculty Development Activities

Purpose: The Faculty Development Setup form will configure all subforms specific to faculty development.

Faculty Development Activities	Select
Faculty Development Activity	<input type="checkbox"/>
Faculty Instruction	<input type="checkbox"/>
No faculty-related activities conducted	<input type="checkbox"/>

Figure 10. Selecting Faculty Development Activities

Faculty Development Activity:

Faculty Instruction:

No faculty-related activities conducted:



Warning: Options for the Faculty Setup form will be automatically selected if you have previously reported one or more training programs or activities through the FD-1a or FD-2a subforms. You may uncheck “Faculty Development Activity” if you have nothing to report. You may uncheck “Structured Faculty Development Training Program” only if you have no training programs still in progress. Please refer to the Faculty Development—FD Subforms page (initial instructions page immediately following CDE forms) for instructions on how to update the status of each previously-reported structured faculty development program.



Reference: Refer to the glossary for a definition of each type of faculty development activity.



To Complete the Form: Click on \"Save and Validate\" on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Program Characteristics—PC Subforms

PC Subforms - Introduction

PC-1: Program Characteristics – Degree/Diploma/Certificate Training Programs

PC-1 - Selecting Type(s) of Partners/Consortia



Warning: The PC-1 subform is displayed only if you have selected the \"BHWET-2\" purpose in the Grant Purpose - Setup form (Paraprofessional Track).

Select Type(s) of Partners/Consortia Used to Offer this Training

(6)
Block 2

Figure 11. PC-1 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: Select the type(s) of partnerships or consortia used or established for the purpose of offering each certificate program during the current reporting period by clicking on the drop-down menu under Block 2 and choosing all that apply from the following options:

- Academic department - outside the institution
- Community Mental Health Center
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government -Other
- Health department - State
- Health policy center
- No partners/consortia used
- Other
- State Government
- Academic department - within the institution
- Educational institution (Grades K - 12)
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HRSA Program
- FQHC or look-alike
- Health department - Tribal
- Hospital
- Nonprofit organization (faith - based)
- Private/For - profit organization
- Community - based health center (e.g.; free clinic)
- Federal Government - Veterans Affairs
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Health department - Local
- Health disparities research center
- Local Government
- Nonprofit organization (non - faith based)
- Professional Associations



Warning: You may not select \"No partners/consortia used\" in combination with any other option.



Note: If you select the option \"Other\" please use the comment field to indicate the type of partnership used (include the certificate program name in your comment).

PC-1 - Entering Enrollment Information



Warning: The PC-1 subform is displayed only if you have selected the \"BHWET-2\" purpose in the Grant Purpose - Setup form (Paraprofessional Track).

Enter Total # Enrolled (whether funded by BHW or not)		
Total	URM	Disadvantaged Background and not URM
(7) Block 3	(8) Block 3a	(9) Block 3b

Figure 12. PC-1 - Entering Enrollment Information

Enter Total # Enrolled (whether funded by BHW or not): Total: For Block 3, enter the total number of students enrolled in each certificate program listed during the current reporting period. Count all students enrolled—regardless of whether they received a BHW-funded financial award or not.

Enter Total # Enrolled (whether funded by BHW or not): URM: For Block 3a, enter the number of students enrolled in each certificate program during the current reporting period who were underrepresented minorities. Block 3a is a subset of Block 3.

Enter Total # Enrolled (whether funded by BHW or not): Disadvantaged Background and not URM: For Block 3b, enter the number of students enrolled in each certificate program during the current reporting period who are from disadvantaged backgrounds and are not underrepresented minorities. Block 3b is a subset of Block 3.



Note: For the total enrollee count (Block 3), DO include students who went on to graduate from the certificate program in the current reporting period but do NOT include students who discontinued prior to graduation (i.e., attrition). Attrition counts will be captured separately in Block 9.



Reference: Refer to the glossary for a definitions of underrepresented minority and disadvantaged background.

PC-1 - Entering Graduate Information



Warning: The PC-1 subform is displayed only if you have selected the \"BHWET-2\" purpose in the Grant Purpose - Setup form (Paraprofessional Track).

Enter Total # Graduated/Completed (whether funded by BHW or not)	
Total	URM
(10) Block 8	(11) Block 8a

Figure 13. PC-1 - Entering Graduate Information

Enter Total # Graduated/Completed (whether funded by BHW or not): Total: For Block 8, enter the total number of students in each certificate program who graduated during the current reporting period. Block 8 is a subset of Block 3.

Enter Total # Graduated/Completed (whether funded by BHW or not): URM: For Block 8a, enter the number students in each certificate program who graduated during the current reporting period and are underrepresented minorities. Block 8a is a subset of Block 8.

PC-1 - Entering Attrition Information



Warning: The PC-1 subform is displayed only if you have selected the \"BHWET-2\" purpose in the Grant Purpose - Setup form (Paraprofessional Track).

Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total	URM
(12) Block 9	(13) Block 9a

Figure 14. PC-1 - Entering Attrition Information

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total: For Block 9, enter the total number of students who permanently left each certificate program before completion during the current reporting period.

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM: For Block 9a, enter the number of students who permanently left each certificate program before completion during the current reporting period and are underrepresented minorities. Block 9a is a subset of Block 9.

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a
25	15	4	8	4	2	0

Figure 15. PC-1 - Entering Attrition Information



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

PC-4: Program Characteristics – Internship Programs

PC-4 - Selecting Type(s) of Partners/Consortia



Warning: The PC-4 subform is displayed only if you have selected the \"BHWET-1\" purpose in the Grant Purpose - Setup form (Professional Track) and have at least one Active Internship program.

Select Type(s) of Partners/Consortia Used to Offer this Training
(3) Block 2

Figure 16. PC-4 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: Complete Column 3 (Block 2) by selecting all of the type(s) of partnerships or consortia used or established for the purpose of offering each internship program during the current reporting period. Choose all that apply from the following options:

- Academic department - outside the institution
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Day and home care programs (i.e. Home Health)
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government -Other
- Geriatric Behavioral or Mental Health Units
- Academic department - within the institution
- Alzheimer’s Disease Resource Centers
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HRSA Program
- Federally-qualified health center or look-alikes
- Geriatric consultation services
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health center (e.g.; free clinic)
- Health department - Tribal

Health Resources and Services Administration
Bureau of Health Workforce

- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Governmental Programs
- Tribal Organization

- Hospital
- No partners/consortia used
- Nurse managed health clinic
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Student - Graduate - Clinical Mental Health Counseling

Annual Performance Report
Academic Year 2018-2019

- Health policy center
- Local Government
- Nonprofit organization (faith - based)
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Government



Warning: You may not select "No partners/consortia used" in combination with any other option.



Note: If you select the option "Other" please use the comment field to indicate the type of partnership used (include the internship program name in your comment).

PC-4 - Entering Enrollment Information



Warning: The PC-4 subform is displayed only if you have selected the \"BHWET-1\" purpose in the Grant Purpose - Setup form (Professional Track) and have at least one Active Internship program.

Enter Total # Enrolled (whether funded by BHW or not)		
Total	URM	Disadvantaged Background and not URM
(4) Block 3	(5) Block 3a	(6) Block 3b

Figure 17. PC-4 - Entering Enrollment Information

Enter Total # Enrolled (whether funded by BHW or not): Total: In Column 4 (Block 3), enter the total number of students who participated in each internship program during the current reporting period. Count all students who participated in the internship program, regardless of whether or not the student directly received a BHW-funded financial award (i.e., stipend).

Enter Total # Enrolled (whether funded by BHW or not): URM: In Column 5 (Block 3a), enter the number of students who participated in the internship program during the current reporting period and were underrepresented minorities.

Enter Total # Enrolled (whether funded by BHW or not): Disadvantaged Background and not URM: In Column 6 (Block 3b), enter the number of students from disadvantaged backgrounds who participated in the internship program during the current reporting period but were not underrepresented minorities.



Note: Blocks 3a and 3b are subsets of Block 3.



Note: Students who permanently left their internship before completion (i.e. attrition) will be counted separately in Column 9 (Block 9).



Reference: Refer to the glossary for definitions of disadvantaged background and underrepresented minority.

PC-4 - Entering Graduate Information



Warning: The PC-4 subform is displayed only if you have selected the \"BHWET-1\" purpose in the Grant Purpose - Setup form (Professional Track) and have at least one Active Internship program.

Enter Total # Graduated/Completed (whether funded by BHW or not)	
Total	URM
(7) Block 8	(8) Block 8a

Figure 18. PC-4 - Entering Graduate Information

Enter Total # Graduated/Completed (whether funded by BHW or not): Total: In Column 7 (Block 8), enter the total number of students who completed all internship requirements during the current reporting period. Count all students who completed the internship program, regardless of whether or not the student directly received a BHW-funded financial award (i.e., stipend).

Enter Total # Graduated/Completed (whether funded by BHW or not): URM: In Column 8 (Block 8a), enter the number of students who completed all internship requirements during the current reporting period and were underrepresented minorities.



Note: Block 8 is a subset of Block 3; Block 8a is a subset of Block 8.



Note: Students who permanently left their internship before completion (i.e. attrition) will be counted separately in Column 9 (Block 9).



Reference: Refer to the glossary for definitions of disadvantaged background and underrepresented minority.

PC-4 - Entering Attrition Information



Warning: The PC-4 subform is displayed only if you have selected the \"BHWET-1\" purpose in the Grant Purpose - Setup form (Professional Track) and have at least one Active Internship program.

Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total	URM
(9) Block 9	(10) Block 9a

Figure 19. PC-4 - Entering Attrition Information

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total: In Column 9 (Block 9), enter the total number of students who permanently left their internships before completion during the current reporting period. Count all students who permanently left their internship regardless of whether or not the student directly received a BHW-funded financial award (i.e., stipend).

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM: In Column 10 (Block 9a), enter the number of students who permanently left their internships before completion during the current reporting period and were underrepresented minorities.



Note: Block 9a is a subset of Block 9. The total entered in Block 9 is exclusive of the total number of enrollees (Block 3).



Reference: Refer to the glossary for definitions of disadvantaged background and underrepresented minority.



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Program Characteristics – Practica and Field Placements

PC-7 - Selecting Type(s) of Partners/Consortia



Warning: The PC-4 subform is displayed only if you have selected the \"BHWET-1\" purpose in the Grant Purpose - Setup form.

Select Type(s) of Partners/Consortia Used to Offer this Training
(3) Block 2

Figure 20. PC-7 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: Select all of the type(s) of partnerships or consortia used or established for the purpose of offering each practicum/field placement program during the current reporting period. Choose **all that apply** from the following options:

- Academic department - outside the institution
- Alzheimer’s Association/Chapters
- Area Agencies on Aging
- Day and home care programs (i.e. Home Health)
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government -Other
- Geriatric Behavioral or Mental Health Units
- Health department - Local
- Health disparities research center
- Hospice
- Academic department - within the institution
- Alzheimer’s Disease Resource Centers
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - CDC
- Federal Government - IHS
- Federal Government - Other HRSA Program
- Federally-qualified health center or look-alikes
- Geriatric consultation services
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse managed health clinic
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Mental Health Center
- Federal Government - Veterans Affairs
- Federal Government - Department of Defense/Military
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health center (e.g.; free clinic)
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)

Health Resources and Services Administration
Bureau of Health Workforce

- Long-term care facility
- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Governmental Programs
- Tribal Organization

- Physical therapy/Rehabilitation center
- Quality improvement organization
- Student - Graduate - Clinical Mental Health Counseling

Annual Performance Report
Academic Year 2018-2019

- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Government



Warning: You may not select \"No partners/consortia used\" in combination with any other option.

PC-7 - Entering Enrollment Information

Enter Total # Enrolled (whether funded by BHW or not)		
Total	URM	Disadvantaged Background and not URM
(4) Block 3	(5) Block 3a	(6) Block 3b

Figure 21. PC-7 - Entering Enrollment Information

Enter Total # Enrolled (whether funded by BHW or not): Total: In Column 4 (Block 3), enter the total number of students who participated in each practicum/field placement program during the current reporting period. Count all students who participated in the practicum/field placement program, regardless of whether or not the student directly received a BHW-funded financial award (i.e., stipend).

Enter Total # Enrolled (whether funded by BHW or not): URM: In Column 5 (Block 3a), enter the number of students who participated in the practicum/field placement program during the current reporting period and were underrepresented minorities.

Enter Total # Enrolled (whether funded by BHW or not): Disadvantaged Background and not URM: In Column 6 (Block 3b), enter the number of students from disadvantaged backgrounds who participated in the practicum/field placement program during the current reporting period but were not underrepresented minorities.



Note: Blocks 3a and 3b are subsets of Block 3.



Note: Students who permanently left their practicum/field placement before completion (i.e. attrition) will be counted separately in Column 9 (Block 9).



Reference: Refer to the glossary for definitions of disadvantaged background and underrepresented minority.

Example: The John Doe School of Social work had 18 graduate-level social work students participate in practicum/field placement programs during the current reporting period. Among the 18 graduate-level social work students who participated, 9 students were underrepresented minorities. In addition, 3 students were from disadvantaged backgrounds, but were not under-represented minorities.

- *In Column 4 (Block 3), the reporting official would enter 18.*
- *In Column 5 (Block 3a), the reporting official would enter 9.*
- *In Column 6 (Block 3b), the reporting official would enter 3.*

PC-7 - Entering Graduate Information

Enter Total # Graduated/Completed (whether funded by BHW or not)	
Total	URM
(7) Block 8	(8) Block 8a

Figure 22. PC-7 - Entering Graduate Information

Enter Total # Graduated/Completed (whether funded by BHW or not): Total: In Column 7 (Block 8), enter the total number of students who completed all practicum/field placement requirements during the current reporting period. Count all students who completed the practicum/field placement program, regardless of whether or not the student directly received a BHW-funded financial award (i.e., stipend).

Enter Total # Graduated/Completed (whether funded by BHW or not): URM: In Column 8 (Block 8a), enter the number of students who completed all practicum/field placement requirements during the current reporting period and were underrepresented minorities.



Note: Block 8 is a subset of Block 3; Block 8a is a subset of Block 8.



Note: Students who permanently left their practicum/field placement before completion (i.e. attrition) will be counted separately in Column 9 (Block 9).



Reference: Refer to the glossary for definitions of disadvantaged background and underrepresented minority.

Example: The John Doe School of Social Work had 18 graduate-level social work students participate in practicum/field placement programs during the current reporting period. Among the graduate-level social work students who participated in practicum/field placements, 3 completed all practicum/field placement requirements. Of those who completed practicum/field placements, none were underrepresented minorities.

- *In Column 7 (Block 8), the reporting official would enter 3.*
- *In Column 8 (Block 8a), the reporting official would enter 0.*

PC-7 - Entering Attrition Information

Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total	URM
(9) Block 9	(10) Block 9a

Figure 23. PC-7 - Entering Attrition Information

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total: In Column 9 (Block 9), enter the total number of students who permanently left their practicum/field placement programs before completion during the current reporting period. Count all students who permanently left their practicum/field placement regardless of whether or not the student directly received a BHW-funded financial award (i.e., stipend).

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM: In Column 10 (Block 9a), enter the number of students who permanently left their practicum/field placement programs before completion during the current reporting period and were underrepresented minorities.



Note: Block 9a is a subset of Block 9. The total entered in Block 9 is exclusive of the total number of enrollees (Block 3).



Reference: Refer to the glossary for definitions of disadvantaged background and underrepresented minority.

Example: The John Doe School of Social Work had 18 graduate-level social work students participate in practicum/field placements during the current reporting period. Among the graduate-level social work students who participated in practicum/field placements, 2 left the practicum/field placement program before completion. Neither student was an underrepresented minority.

- *In Column 9 (Block 9), the reporting official would enter 2.*

- *In Column 10 (Block 9a), the reporting official would enter 0.*



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Individual Characteristics—INDGEN Subforms

INDGEN - Introduction

Notice to Grantees about Individual-level Data:

- You must complete an INDGEN record for each individual who received a BHW-funded financial award during the annual reporting period. In addition, annual updates are required for individuals who were previously reported on INDGEN and were not marked as having graduated, completed or attrited from their training program by **July 01, 2018 - June 30, 2019**.

- For prior records, the BPMH system will prepopulate certain blocks in the INDGEN subform with data submitted in previous reporting periods for each individual. All other fields must be updated on an annual basis until the individual graduates from, completes, or permanently leaves their training program.

- The INDGEN subform will automatically calculate and display read-only columns labeled \"Academic Year Total\" and \"Cumulative BHW Financial Award Total.\"
 1. The Academic Year Total will display the amount entered for a given academic year.

 2. The Cumulative BHW Financial Award Total will sum all amounts entered for this individual in the BPMH system.

- Individuals who were reported as having graduated from or completed their training program in the previous reporting period will automatically be transferred from INDGEN to the INDGEN-PY subform after one (1) full calendar year has passed from the moment of graduation/completion. At that point, 1-year post-graduation/completion employment status data must be provided for each individual.



Note: To view data submitted in previous reporting period, click on the ["View Prior Period Data"](#) link on top of the form.

IND-GEN: Individual Characteristics

IND-GEN - Setup

Do you have either a) individuals who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant OR b) updates to provide for individuals who received direct financial support in a previous reporting period?	<input type="checkbox"/> Yes (complete IND-GEN) <input type="checkbox"/> No (click Save and Validate button to proceed to the next form)
---	--

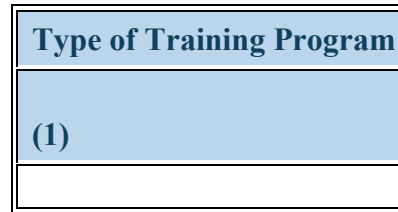
Figure 24. IND-GEN - Setup

Do you have either a) individuals who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant OR b) updates to provide for individuals who received direct financial support in a previous reporting period?:



Warning: If you are unable to enter data into the INDGEN form, edit prior records, or see drop-down menus despite the question above being answered ‘Yes’, you likely have a browser compatibility problem. Please refer to the Getting Started-Browser Settings page at the beginning of this manual.

IND-GEN - Selecting Type of Training Program



The image shows a screenshot of a web form. At the top, there is a header box with the text "Type of Training Program" in a blue font. Below this header is a large, light blue rectangular area containing the number "(1)" in a blue font. Below this area is a white rectangular area, which is likely the selected option in a drop-down menu.

Figure 25. IND-GEN - Selecting Type of Training Program

Type of Training Program: Select each individual's training program by clicking on the drop-down menu under the Column 1 and choosing one of the available options. The options available in this menu will prepopulate with active programs entered and saved in the Training Program Setup Form.



Warning: The training program option \"OTHER\" does not apply to the BHWET program and should not be selected for students.

IND-GEN - Entering Trainee Unique ID

Trainee Unique ID
(2) Block 1

Figure 26. IND-GEN - Entering Trainee Unique ID

Trainee Unique ID: Enter a seven (7) alphanumeric unique identifier for each individual in the textbox in Column 2 (Block 1).



Warning: It is the responsibility of each grantee to keep a log of all unique IDs used, as these will be required to provide annual updates for each individual and one-year follow-up data for students.



Warning: Special characters are not permitted (e.g., %\$#@).



Note: For **Professional Track Grantees**- Follow the guidance provided by your Government Project Officer to incorporate a Cohort Identifier in each Trainee Unique ID (e.g., A000001, A000002, etc.)

IND-GEN - Selecting Individual's Training or Awardee Category

Select Individual's Training or Awardee Category
(3) Block 2

Figure 27. IND-GEN - Selecting Individual's Training or Awardee Category

Select Individual's Training or Awardee Category: Select each individual's awardee category by clicking on the drop-down menu in Column 3 (Block 2) and choosing one of the following options:

- Certificate Student - Community College
- Certificate Student - Tribal College or University
- MS student (field placement program)
- PhD student (practicum program)
- PsyD student (practicum program)
- Certificate Student - Other
- MA student (field placement program)
- MSW student (field placement program)
- Pre - doctoral Intern (PhD program)
- Resident
- Certificate Student - Technical College
- MEd Student (field placement program)
- NP student (field placement program)
- Pre - doctoral Intern (PsyD program)



*Note: **Paraprofessional Track grantees**- Select type of trainee based on the delivery mode used to offer the certificate program associated with each student. Options for this track begin with the prefix, \"Certificate Student- \"/>*



*Note: **Professional Track grantees**- Select type of trainee based on the degree and type of training program associated with each student.*

IND-GEN - Selecting Individual's Enrollment/Employment Status

Select Individual's Enrollment / Employment Status
(4) Block 3

Figure 28. IND-GEN - Selecting Individual's Enrollment/Employment Status

Select Individual's Enrollment / Employment Status: Select each individual's current enrollment status by clicking on the drop-down menu in Column 4 (Block 3) and choosing one of the following options:

- Full-time
- Part-time
- On leave of absence



Note: For students, select enrollment status based on the individual's participation in their degree or certificate program.

IND-GEN - Selecting Individual's Gender

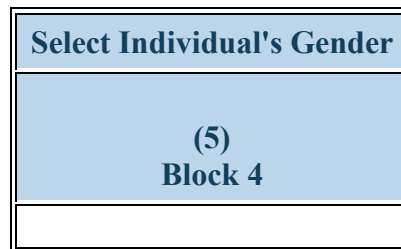


Figure 29. IND-GEN - Selecting Individual's Gender

Select Individual's Gender: Select each individual's biological gender by clicking on the drop-down menu in Column 5 (Block 4) and choosing one of the following options:

- Female
- Male
- Not Reported

IND-GEN - Entering Year of Birth

Enter Year of Birth
(6a)

Figure 30. IND-GEN - Entering Year of Birth

Enter Year of Birth: Enter each individual's year of birth at the end of the current reporting period (i.e., as of **June 30, 2019**) in the textbox under Column 6a.

- 1917
- 1918
- 1919
- 1920
- 1921
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- 1926
- 1927
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- 1933
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- 1971
- 1972
- 1973
- 1974
- 1975
- 1976

Health Resources and Services Administration
Bureau of Health Workforce

Annual Performance Report
Academic Year 2018-2019

- 1977
- 1980
- 1983
- 1986
- 1989
- 1992
- 1995
- 1998
- 2001
- 2004
- 2007
- 2010
- 2013
- 2016
- 1978
- 1981
- 1984
- 1987
- 1990
- 1993
- 1996
- 1999
- 2002
- 2005
- 2008
- 2011
- 2014
- 2017
- 1979
- 1982
- 1985
- 1988
- 1991
- 1994
- 1997
- 2000
- 2003
- 2006
- 2009
- 2012
- 2015
- Not Reported

IND-GEN - Selecting Individual's Ethnicity

Select Individual's Ethnicity
(7) Block 6

Figure 31. IND-GEN - Selecting Individual's Ethnicity

Select Individual's Ethnicity: Select each individual's ethnicity by clicking on the drop-down menu in Column 7 (Block 6) and choosing one of the following options:

- Hispanic/Latino
- Non-Hispanic/Non-Latino
- Not Reported

IND-GEN - Selecting Individual's Race

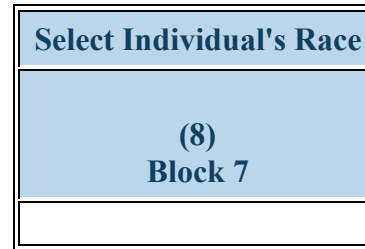


Figure 32. IND-GEN - Selecting Individual's Race

Select Individual's Race: Select each individual's race by clicking on the drop-down menu in Column 8 (Block 7) and choosing all that apply from the following options. You may select more than one (1) option for individuals of multiple races:

- American Indian or Alaska Native
- Black or African-American
- White
- Asian
- Native Hawaiian or Other Pacific Islander
- Not Reported



Warning: You may not select \"Not Reported\" in combination with any other option.

IND-GEN - Selecting if Individual is from a Rural Residential Background

Select Whether Individual is from a Rural Residential Background
(9) Block 8

Figure 33. IND-GEN - Selecting if Individual is from a Rural Residential Background

Select Whether Individual is from a Rural Residential Background: Select whether each individual is from a rural residential background by clicking on the drop-down menu in Column 9 (Block 8) and choosing one of the following options:

- Yes
- No
- Not Reported



Reference: Refer to the glossary for a definition of rural setting.

IND-GEN - Selecting if Individual is from a Disadvantaged Background

Select Whether Individual is from a Disadvantaged Background
(10) Block 9

Figure 34. IND-GEN - Selecting if Individual is from a Disadvantaged Background

Select Whether Individual is from a Disadvantaged Background: Select whether each individual is from a disadvantaged background by clicking on the drop-down menu in Column 10 (Block 9) and choosing one of the following options:

- Yes
- No
- Not Reported



Reference: Refer to the glossary for a definition of disadvantaged background.

IND-GEN - Selecting Individual's Veteran Status

Select Individual's Veteran Status
(11) Block 10

Figure 35. IND-GEN - Selecting Individual's Veteran Status

Select Individual's Veteran Status: Select each individual's current veteran status by clicking on the drop-down menu in Column 11 (Block 10) and choosing one of the following options:

- Active Duty Military
- Reservist
- Veteran - Retired
- Individual is not a Veteran
- Veteran - Prior Service
- Not Reported



Reference: Refer to the glossary for a definition of the various types of veteran statuses.

IND-GEN - Entering BHW-Funded Financial Award Information



Warning: The financial award type \"Stipend\" (Column 13) is displayed if you have selected the BHWET-1 purpose in the Grant Purpose - Setup form.



Warning: The financial award type \"Tuition, Fees, and Supplies\" (Column 13a) is displayed if you have selected the BHWET-2 purpose in the Grant Purpose - Setup form.

Select Whether Individual Received BHW Financial Award?	Enter Individual's Financial Award Amount (BHW funds only)	
	Stipend	Tuition, Fees, and Supplies
(12) Block 11	(13) Block 11	(13a) Block 11

Figure 36. IND-GEN - Entering BHW-Funded Financial Award Information

Select Whether Individual Received BHW Financial Award?: Select whether each individual received a BHW-funded financial award during the current reporting period by clicking on the drop-down menu in Column 12 (Block 11) and choosing one of the following options:

- Yes
- No

Enter Individual's Financial Award Amount (BHW funds only): Stipend:

(BHWET Grant Purpose #1)

- If the individual did receive a BHW-funded (Stipend), select “Yes” in Column 12 (Block 11) and enter the total amount of BHW dollars provided during the current reporting period in the textbox in Column 13.
- If the individual did not receive a stipend, select “No” in Column 12 (Block 11) and enter "0" in the textbox in Column 13.

Enter Individual's Financial Award Amount (BHW funds only): Tuition, Fees, and Supplies:

(BHWET Grant Purpose #2)

- If the individual did receive a BHW-funded award (Tuition, Fees and Supplies), select “Yes” in Column 12 (Block 11) and enter the total amount of BHW dollars provided during the current reporting period in the textbox in Column 13a.
- If the individual did not receive a BHW-funded financial award, select “No” in Column 12 (Block 11) and enter "0" in the textbox in Column 13a.

IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

Enter # of Academic Years the Individual has Received BHW Funding
(22) Block 12

Figure 37. IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

Enter # of Academic Years the Individual has Received BHW Funding: Select the cumulative number of academic years that each student has received a BHW-funded financial award by clicking on the drop-down menu under Column 22 and choosing one of the following options:

- 0
- 1
- 2
- 3
- 3 or more
- 4
- 5 or more



Note: The number of academic years receiving BHW-funded financial awards does not need to be consecutive; rather, the cumulative total number of years should be reported.



Note: If an individual has received money for 1/2 an academic year, please round up. For example, if a resident or dentist has received a financial award for 1 1/2 years, please enter 2.



Note: If an individual received a BHW-funded financial award for the first time during the annual reporting period, select "1" under Block 12.

IND-GEN - Selecting Individual's Academic or Training Year

Select Individual's Academic or Training Year
(26) Block 15

Figure 38. IND-GEN - Selecting Individual's Academic or Training Year

Select Individual's Academic or Training Year: Select each student's current training year by clicking on the drop-down menu under Block 15 and choosing **one** of the following options:

- Graduate Year 1
- Graduate Year 2
- Graduate Year 3
- Graduate Year 4
- Graduate Year 5
- Graduate Year 6
- Graduate Year 7
- Training Year 1
- Training Year 2
- Training Year 3 or more



Note: For faculty or preceptors, select N/A.

IND-GEN - Selecting any HHS Priority Topic Area on which an Individual Received Training

Select any HHS Priority Topic Area on which an Individual Received Training
(26b) Block 15

Figure 39. IND-GEN - Selecting any HHS Priority Topic Area on which an Individual Received Training

Select any HHS Priority Topic Area on which an Individual Received Training: Use the dropdown menu in Column 26b to select all that apply from the list of topic areas on which the individual was trained.

- Individual participated on a health care team delivering integrated behavioral health services in primary care
- Individual received a SAMHSA waiver to prescribe medication assisted treatment (MAT)
- Individual received training in opioid use treatment
- Individual received training in telehealth
- Individual received training on integrated behavioral health in primary care
- Individual received training in medication assisted treatment (MAT) for SUD/ODU
- Individual received training in substance use treatment
- None of the above

IND-GEN - Selecting Individual's Primary Discipline

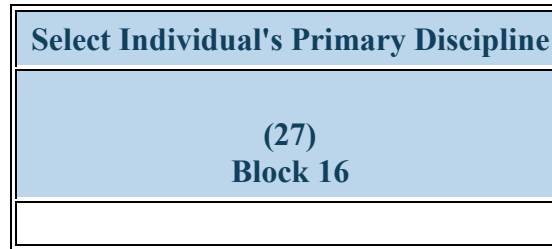


Figure 40. IND-GEN - Selecting Individual's Primary Discipline

Select Individual's Primary Discipline: Select each individual's profession and discipline by clicking on the drop-down menu in Column 27 (Block 16) and choosing one of the following options:

- Medicine – Psychiatry
- Student - Graduate - Professional Counseling
- Student - NP - Psychiatric/Mental health
- Student - Paraprofessional - Community Health Worker
- Student - Paraprofessional - Outreach Worker
- Student - Paraprofessional - Social Services Aide
- Student – Graduate – Occupational Therapy
- Student – Graduate – School Social Work
- Student - Graduate - Clinical Mental Health Counseling
- Student - Graduate - Psychology
- Student - Paraprofessional - Behavioral Health Technician/Aide
- Student - Paraprofessional - Mental Health Worker
- Student - Paraprofessional - Peer Paraprofessional
- Student - Paraprofessional - Substance Use/Addictions Worker
- Student – Graduate – School Counseling
- Student – Graduate – SUD Prevention/Treatment
- Student - Graduate - Marriage and Family Therapy
- Student - Graduate - Social Work
- Student - Paraprofessional - Community Health Representative
- Student - Paraprofessional - Other
- Student - Paraprofessional - Promotora
- Student - Paraprofessional - Youth Worker
- Student – Graduate – School Psychology

IND-GEN - Entering Training Information in a Primary Care Setting

Training in a Primary Care Setting	
Select Whether Individual Received Training	Enter # of Contact Hours
(28) Block 17	(29) Block 17a

Figure 41. IND-GEN - Entering Training Information in a Primary Care Setting

Training in a Primary Care Setting: Select Whether Individual Received Training: Select whether each student received clinical or experiential training in a primary care setting during the current reporting period by clicking on the drop-down menu in Column 28 (Block 17) and choosing one of the following options:

- Yes
- No

Training in a Primary Care Setting: Enter # of Contact Hours:

- If the student did receive clinical or experiential training in a primary care setting, enter the total number of hours spent in this type of setting during the current reporting period in the textbox under Column 29 (Block 17a).
- If the student did NOT receive clinical or experiential training in a primary care setting, leave the textbox blank under Column 29 (Block 17a).

IND-GEN - Entering Training Information in a Medically Underserved Community



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Training in a Medically Underserved Community	
Select Whether Individual Received Training	Enter # of Contact Hours
(31) Block 18	(32) Block 18a

Figure 42. IND-GEN - Entering Training Information in a Medically Underserved Community

Training in a Medically Underserved Community: Select Whether Individual Received Training: If the individual received clinical or experiential training in a MUC, enter the total number of hours spent in this type of setting during the current reporting period in the textbox in Column 31 (Block 18a).

If the individual did not receive clinical or experiential training in a MUC, leave the textbox in Column 31 (Block 18a) blank.

- Yes
- No

Training in a Medically Underserved Community: Enter # of Contact Hours: If the individual received clinical or experiential training in a MUC, enter the total number of hours spent in this type of setting during the current reporting period in the textbox in Column 31 (Block 18a).

If the individual did not receive clinical or experiential training in a MUC, leave the textbox in Column 31 (Block 18a) blank.

IND-GEN - Entering Training Information in a Rural Area



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Training in a Rural Area	
Select Whether Individual Received Training	Enter # of Contact Hours
(33) Block 19	(34) Block 19a

Figure 43. IND-GEN - Entering Training Information in a Rural Area

Training in a Rural Area: Select Whether Individual Received Training:

- **If the individual received clinical or experiential training in a rural area,** enter the total number of hours spent in this type of setting during the current reporting period in the textbox.
- **If the individual did not receive clinical or experiential training in a rural area,** leave the textbox blank.
- Yes
- No

Training in a Rural Area: Enter # of Contact Hours:

- **If the individual received clinical or experiential training in a rural area,** enter the total number of hours spent in this type of setting during the current reporting period in the textbox.
- **If the individual did not receive clinical or experiential training in a rural area,** leave the textbox blank.

IND-GEN - Selecting Whether Individual Left the Program Before Completion

Select Whether Individual Left the Program Before Completion
(36) Block 21

Figure 44. IND-GEN - Selecting Whether Individual Left the Program Before Completion

Select Whether Individual Left the Program Before Completion: Select whether each individual permanently left their training program before completion during the current reporting period by clicking on the drop-down menu in Column 36 (Block 21) and choosing one of the following options:

- Yes
- No

IND-GEN - Entering Graduation/Completion Information

Select Whether Individual Graduated/Completed the Program	Select Degree Earned	Select Individual's Post-Graduation/Completion Intentions
(37) Block 22	(38) Block 22a	(39) Block 22b

Figure 45. IND-GEN - Entering Graduation/Completion Information

Select Whether Individual Graduated/Completed the Program: Select whether each student completed their training program during the current reporting period by clicking on the drop-down menu in Column 37 (Block 22) and choosing one of the following options:

- Yes
- No

Select Degree Earned:

- If an individual did complete their training program during the current reporting period, select “Yes” in Column 37 (Block 22) and select the degree earned by clicking on the drop-down menu in Column 38 (Block 22a) and choosing all that apply from the below listed options.
- If an individual did not complete their training program during the current reporting period select “No” in Column 37 (Block 22) and select “N/A” in Column 38 (Block 22a).

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> • Certificate - Behavioral Health Technician/Aide • Certificate - Other • Certificate - Social Services Aide • MA • MSW | <ul style="list-style-type: none"> • Certificate - Community Health Worker/Promotora • Certificate - Outreach Worker • Certificate - Substance Use/ Addictions Worker • MEd • NP | <ul style="list-style-type: none"> • Certificate - Mental Health Worker • Certificate - Peer Paraprofessional • Certificate - Youth Worker • MS • PhD |
|---|---|--|

- PsyD


- Other

- N/A

Select Individual's Post-Graduation/Completion Intentions:

- If an individual did complete their training program during the current reporting period, select “Yes” in Column 37 (Block 22) and select the individual’s training or employment intentions at the time of completion by clicking on the drop-down menu in Column 39 (Block 22b) and choosing all that apply from the below listed options.
 - If an individual did not complete their training program during the current reporting period select “No” in Column 37 (Block 22) and select “N/A” in Column 39 (Block 22b).
- Individual intends to apply to a degree program (associate's level)
 - Individual intends to become employed or pursue further training in a medically underserved community
 - Individual intends to become employed or pursue further training in a rural setting
 - Individual intends to pursue employment in a career serving at-risk children adolescents and/or transitional age youth.
 - Not Reported
 - Individual intends to apply to a degree program (bachelor's level)
 - Individual intends to become employed or pursue further training in a primary care setting
 - Individual intends to become employed or pursue further training toward a career serving military personnel veterans and their families
 - None of the above
 - N/A

 **Warning: None of the above, Not reported, and N/A cannot be selected in combination with any other option.**

 **To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

INDGEN-PY: Individual Prior Year

INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

Select whether status/employment data are available for the individual 1-year post graduation/completion	Select Individual's Current Training/Employment Status	Select Whether Your Organization Hired this Individual	Select Whether a Partner Organization Hired this Individual	Select Employment Location
(13) Block 23	(14) Block 23a	(16)	(17)	(18)

Figure 46. INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

Select whether status/employment data are available for the individual 1-year post graduation/completion: Select whether current training/employment data are available for each individual who received a BHW-funded financial award and completed their training program one year prior to this reporting period by clicking on the drop-down menu in Column 13 (Block 23) and choosing one of the following options:

- Yes
- No

Select Individual's Current Training/Employment Status:

Select the individual's current training/employment status by clicking on the drop-down menu in Column 14 choosing one of the options below. If employment data are not available for the individual, select "N/A."

- Individual applied and has not yet received acceptance to a degree program (associate's level)
- Individual applied and has not yet received acceptance to a degree program (bachelor's level)
- Individual applied and was accepted to a degree program (associate's level)

- Individual applied and was accepted to a degree program (bachelor's level)
- Individual is currently employed or is pursuing further training in a medically underserved community
- Individual is currently employed or is pursuing further training toward a career serving at-risk children adolescents and/or transitional age youth
- Individual is currently employed or pursuing employment in a career serving at-risk children adolescents and/or transitional age youth
- None of the above

- Individual applied but was not accepted to a degree program (associate's level)
- Individual is currently employed or is pursuing further training in a primary care setting
- Individual is currently employed or is pursuing further training toward a career serving military personnel veterans and their families
- Individual is currently working in a facility that provides substance use treatment services
- N/A

- Individual applied but was not accepted to a degree program (bachelor's level)
- Individual is currently employed or is pursuing further training in a rural setting
- Individual is currently providing treatment or wrap-around services to individuals with substance use disorders
- Individual is serving individuals with OUD/SUD

Select Whether Your Organization Hired this Individual:

Select whether your organization hired this individual following training program completion by clicking on the drop-down menu under Column 16 and choosing one of the options below. If employment data are not available for the individual, select “N/A.”

- No
- Yes
- N/A

Select Whether a Partner Organization Hired this Individual:

Select whether a partner organization hired this individual following training program completion by clicking on the drop-down menu under Column 17 and choosing one of the options below. If employment data are not available for the individual, select “N/A.”

- Yes
- No

- N/A

Select Employment Location:

Select the type of employment location where the individual was hired following training program completion by clicking on the drop-down menu under Column 18 and choosing one of the options below. If employment data are not available for the individual, select “N/A.”

- Academic Institution
- Critical Access Hospital
- Other Clinical Training Site
- None of the Above
- Area Health Education Center
- FQHC or Look-Alike
- Rural Health Clinic
- N/A



Warning: “None of the above” and “N/A” cannot be selected in combination with any other option



Note: One-year post-completion employment data are **not required for faculty**.



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Experiential Characteristics—EXP Subforms

EXP - Introduction

1. Purpose: The EXP forms are used to characterize experiential or clinical training characteristics, including training sites and the number and profession/discipline of trainees.


- The EXP-1 form collects information about the different clinical sites used to provide your trainees with experiential training.
- The EXP-2 subform collects information about the profession and discipline of individuals trained at each site used during the current reporting period.

2. Order of Forms:

- The EXP forms **MUST** be completed in order, otherwise drop-down menus will not populate correctly.
- You must complete and click ‘Save and Validate’ in EXP-1 before proceeding to EXP-2.

3. Pre-population of Prior Records (training sites):

- The BPMH system will prepopulate saved information for each previously-used site (i.e., prior record) in the EXP-1 data table.
- You must indicate whether each previously-used site was used again during the current reporting period.

 Warning: Complete the EXP forms only for sites used to train individuals who appear on the INDGEN subform.

EXP-1: Training Site Setup

EXP-1 - Entering Site Name

Site Name
(1) Block 1

Figure 47. EXP-1 - Entering Site Name

Site Name:

Enter the name of any new sites used to train individuals during the current reporting period in the row labeled, “Enter the Site’s Name.” Next, click the “Add Record” button. New sites will be listed at the bottom of the data table, beneath all previously used sites (i.e., prior records). Repeat this process as necessary to enter the names of each NEW site used during the current reporting period.



Note: There is an option to delete both new and prior records on EXP-1. This option should only be used if the clinical sites will not be used in the future, or were erroneously entered. The delete option is not reversible (i.e. if the site was erroneously deleted, it will need to be re-entered again).

EXP-1 - Selecting Whether the Site was Used in the Current Period

Select Whether the Site was Used in the Current Reporting Period
(2)

Figure 48. EXP-1 - Selecting Whether the Site was Used in the Current Period

Select Whether the Site was Used in the Current Reporting Period: Select whether each site was used during the current reporting period by clicking on the drop-down menu located in Column 2 and choosing one of the following options:

- Yes
- No



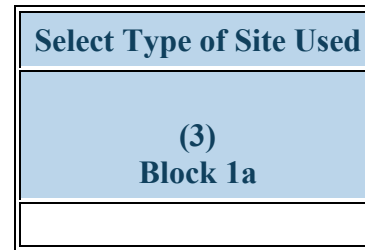
*Note: For all **NEW** sites, you must select “Yes” in Column 2.*



*Note: If the clinical site was used in the current reporting period, then you must enter or update information for all subsequent columns in that row. If the clinical site was **NOT** used in the current reporting period, then the remaining columns are not required.*

*Note: If a clinical site was **NOT** used in the current reporting period, then it will not appear on EXP-2 as a dropdown option in Column 1.*

EXP-1 - Selecting Type of Site Used



The image shows a screenshot of a web form titled "Select Type of Site Used". The form has a light blue header with the title. Below the header is a drop-down menu with the text "(3) Block 1a" selected. The form is enclosed in a double-line border.

Figure 49. EXP-1 - Selecting Type of Site Used

Select Type of Site Used: Select the type of sites used to train students during the current reporting period by clicking on the drop-down menu under Block 1a and choosing from one of the following options.

- Academic institution
- Aerospace operations setting
- Assisted Living Community
- Community - based care programs for elderly mentally challenged individuals
- Day and home care programs (e.g. Home Health)
- Emergency Room
- Federal Government Office or Agency
- Geriatric Behavioral or Mental Health Units
- Hospital
- Indian Health Service (IHS) site
- Local health department
- Nurse Managed Health Clinics
- Hospital - community
- Hospital - for profit
- Other community health center (e.g.; free clinic)
- School - based clinic
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community care programs for elderly mentally challenged individuals
- Community Mental Health Center
- Extended care facilities
- Federal and State Bureau of Prisons
- FQHC or look - alike
- Geriatric consultation services
- International nonprofit/nongovernmental organization
- Long - term Care Facility
- National health association
- Hospital - academic center
- Hospital - federal
- Other
- Other Oral Health Facility
- Program of All Inclusive Care for the Elderly
- Specialty clinics (e.g. mental health practice rehabilitation substance abuse clinic)
- Acute care services
- Community - based organization
- Community Health Center (CHC)
- Community Behavioral Health Center
- Dentist Office
- Dental Services
- Geriatric ambulatory care and comprehensive units
- Hospice
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- National health association or affiliate
- Nursing Home
- Hospital - non profit
- Physician Office

Health Resources and Services Administration
Bureau of Health Workforce

- Residential Living Facility
- State Health Department
- Tribal Health Department
- Tribal Government
- Surgery Clinic
- Tribal Organization

Annual Performance Report
Academic Year 2018-2019

- Senior Centers
- State Government Office or Agency
- Veterans Affairs Healthcare (e.g. VA Hospital or clinic)
- Veterans Affairs Hospital or clinic



Note: If you select "Other" in Column 3, provide an explanation in the comments field and reference the site name.

EXP-1 - Selecting Type of Setting Where the Site was Located

Select Type of Setting Where the Site was Located
(4) Block 2

Figure 50. EXP-1 - Selecting Type of Setting Where the Site was Located

Select Type of Setting Where the Site was Located: Select whether each site used to train students during the current reporting period was located in designated settings by clicking on the drop-down menu in Column 4 (Block 2) and choosing all that apply from the following options:

- Medically underserved community
- Primary Care Setting
- Rural area
- None of the above



Warning: \"None of the above\" cannot be selected in combination with any other option.



Note: To determine whether a site is located in a medically underserved community, please visit HRSA's Office of Shortage Designation at <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>



Note: To determine whether a site is located in a rural area, please visit HRSA's Office of Rural Health Policy at <http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx>

EXP-1 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia used to Offer Training at this Site
(5)

Figure 51. EXP-1 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia used to Offer Training at this Site: Select the type(s) of partnerships or consortia used or established for the purpose of training students at each site during the current reporting period by clicking on the drop-down menu in Column 5 (Block 5) and choosing all that apply from the following options:

- Academic department - outside the institution
- Day and home care programs (i.e. Home Health)
- Alzheimer's Disease Resource Centers
- Community Mental Health Center
- Federal Government - Department of Defense/Military
- Geriatric Behavioral or Mental Health Units
- Health center (e.g.; free clinic)
- Federal Government - IHS
- Hospice
- Federal Government - SAMHSA
- Nursing home
- Professional Associations
- State Governmental Programs
- Tribal Organization
- Health department - Tribal
- Health policy center
- Academic department - within the institution
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Educational institution (Grades K - 12)
- Geriatric ambulatory care and comprehensive units
- Geriatric consultation services
- Federal Government - CDC
- Federal Government - NIH
- Federal Government - Other HHS Agency/Office
- Local Government
- Other
- Quality improvement organization
- Tribal Government
- Health department - Local
- Health disparities research center
- Community Health Center (CHC)
- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Federal Government - Veterans Affairs
- Federal Government - Other HRSA Program
- Federal Government - AHRQ
- Federal Government - FDA
- Federal Government - Other
- Hospital
- Long-term care facility
- Physical therapy/Rehabilitation center
- Senior Center
- Federally - qualified health center or look - alikes
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Nonprofit organization (non - faith based)
- No partners/consortia used

- Nurse Managed Health Clinics
- Nonprofit organization (faith - based)
- Private/For - profit organization



Warning: You may not select \"No partners/consortia used\" in combination with any other option.



Note: If you select \"Other\" in Column 5, provide an explanation in the comments field and reference the site name.

EXP-1 - Selecting Type(s) of Vulnerable Population

Select Type(s) of Vulnerable Population Served at this Site
(7)

Figure 52. EXP-1 - Selecting Type(s) of Vulnerable Population

Select Type(s) of Vulnerable Population Served at this Site: Select the type(s) of vulnerable populations served at each site used to train students during the current reporting period by clicking on the drop-down menu in Column 7 (Block 4) and choosing all that apply from the following options:

- Adolescents
- College students
- Individuals with mental illness or substance use disorders
- Migrant workers
- People with disabilities
- Returning war veterans (Iraq or Afghanistan)
- Uninsured/Underinsured persons/families
- Victims of abuse or trauma
- Children
- Homeless individuals
- Lesbian/Gay/Bisexual/Transgender
- Military and/or military families
- Pregnant women and infants
- Undocumented Immigrants
- Veterans
- Tribal Population
- Chronically ill
- Individuals with HIV/AIDS
- Low income persons/families
- Older adults
- Refugee Adults
- Unemployed
- Transitional Age Youth (16-25 years)
- None of the above



Warning: You may not select \"None of the above\" in combination with any other option.

EXP-1 - Entering Site's geographical Data

Enter Zip Code	City	State	Four Digit Zip Code Extension
(8)	(9)	(10)	(11)

Figure 53. EXP-1 - Entering Site's geographical Data

State:

City:

Zip Code: Enter the four-digit zip code extension where each training site is located by clicking on the textbox in Column 11.

Four Digit Zip Code Extension: Enter the four-digit zip code extension where each training site is located by clicking on the textbox in Column 11.



Note: Four-digit zip code extension information can accessed at https://tools.usps.com/go/ZipLookupAction_input. Do not enter invalid responses or placeholder entries. If you need assistance when entering the address information for your training sites, contact your Government Project Officer for guidance. Upon saving and validating the EXP-1 form, the city and state information will auto-populate.

EXP-1 - Selecting Whether the Training Site Implements Interprofessional Education and/or Practice

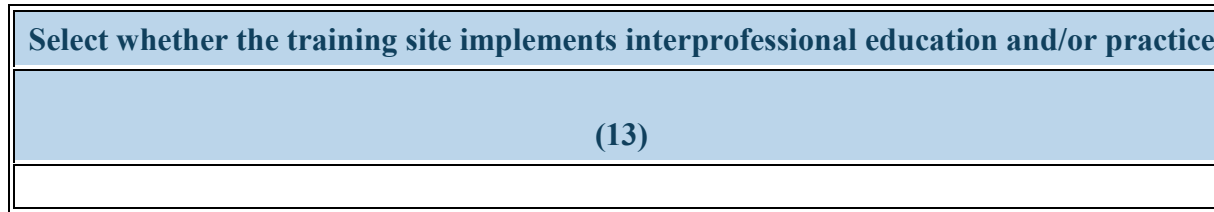


Figure 54. EXP-1 - Selecting Whether the Training Site Implements Interprofessional Education and/or Practice

Select whether the training site implements interprofessional education and/or practice: Select whether the training site implements interprofessional education and/or practice

- Yes
- No

EXP-1 - Selecting any HHS Priorities Addressed at this Site

Select any HHS Priorities Addressed at this Site
(14)

Figure 55. EXP-1 - Selecting any HHS Priorities Addressed at this Site

Select any HHS Priorities Addressed at this Site:

Using the dropdown menu in Column 14, select all that apply from the list of HHS priorities that were addressed at this site.


- This site offers integrated behavioral health services in a primary care setting
- This site offers opioid use treatment services
- This site offers telehealth services
- This site offers medication assisted treatment (MAT) for OUD
- This site offers substance use treatment services
- None of the above



To Complete the Form: Click on the \"Save and Validate\" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

EXP-2: Experiential Characteristics - Trainees by Profession/Discipline

EXP-2 - Selecting Training Program and Site Name

 **Warning:** Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Type of Training Program	Site Name
(1)	(2) Block 1

Figure 56. EXP-2 - Selecting Training Program and Site Name

Type of Training Program: Select a training program by clicking on the drop-down menu in Column 1 and choosing one of the available options (programs that were marked on the Training Program Setup Form as “active” in the current reporting period).

Site Name: Pair the selected training program with a site name by clicking on the drop-down menu in Column 2 (Block 1) and choosing one of the available options (sites that were marked in EXP-1 as “used” in the current reporting period). Repeat this process until all used Training Program/Site combinations used in EXP-2 are present.



Note: If the same site was used for multiple training programs, then multiple entries are required in the EXP-2 subform.



Note: If the same program used multiple training sites, then multiple entries are required in the EXP-2 subform.



Note: The EXP-2 form will initially appear blank.

EXP-2 - Selecting Profession and Discipline of Individuals Trained

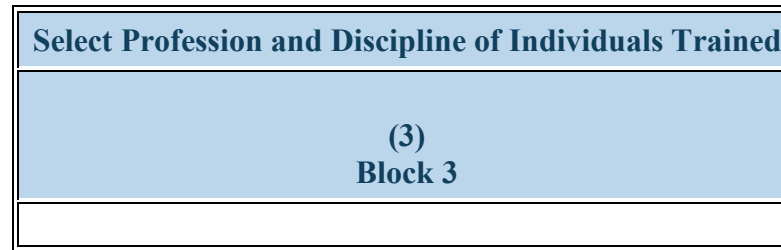


Figure 57. EXP-2 - Selecting Profession and Discipline of Individuals Trained

Select Profession and Discipline of Individuals Trained: Select the profession/discipline of individuals trained for each training program/site combination by clicking on the drop-down menu in Column 3. Be sure to select the disciplines of your principal trainees as well as any “other interprofessional” trainees who participated in team-based care at the clinical site. Repeat as necessary to identify all profession/discipline of all individuals trained at each site.

- Medicine – Psychiatry
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Student - Diploma/Certificate
- Dentistry - General Dentistry
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Orthopaedic Surgery
- Behavioral Health - Clinical Mental Health Counseling
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work
- Substance Abuse/Addictions Counseling
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Other
- Medicine - Pediatrics
- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Student - Physician Assistant
- Medicine - Otolaryngology

Health Resources and Services Administration
Bureau of Health Workforce

- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Midwife
- Other - Office/Support Staff
- Other - Physical Therapy
- Other - Radiologic technology
- Other - Speech Pathology
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Administration

- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Public health nurse
- Other - Audiology
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Midwife (non-nurse)
- Other - Optometry
- Other - Podiatry
- Other - Registered Dietician
- Other - Speech Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Health Policy & Management
- Public Health - Nutrition
- Paraprofessional - Community Health Representative
- Paraprofessional - Other
- Paraprofessional - Promotora

Annual Performance Report
Academic Year 2018-2019

- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Registered Nurse
- Other - Chiropractic
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory Technology
- Other - Occupational Therapy
- Other - Pharmacy
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Other - Unknown
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control

Health Resources and Services Administration
Bureau of Health Workforce

- Public Health - Injury Control & Prevention
- Paraprofessional - Behavioral Health Technician/Aide
- Paraprofessional - Mental Health Worker
- Paraprofessional - Peer Paraprofessional
- Paraprofessional - Substance Use/Addictions Worker
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women's health
- Student - Dental School
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical School
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Paraprofessional - Behavioral Health Technician/Aide
- Student - Paraprofessional - Mental Health Worker
- Student - Paraprofessional - Peer Paraprofessional
- Student - Paraprofessional - Substance Use/ Addictions Worker

- Paraprofessional - Youth Worker
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - Dental Assistant
- Student - Graduate - Clinical Mental Health Counseling
- Student - Graduate - Nursing Masters
- Student - Graduate - Professional Counseling
- Student - Graduate - Social Work
- Student - Law School
- Student - NP - Acute care adult gerontology
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Psychiatric/Mental health
- Student - Paraprofessional - Community Health Representative
- Student - Paraprofessional - Other
- Student - Paraprofessional - Promotora
- Student - Paraprofessional - Youth Worker
- Student - Post - high school / Pre - college
- Student - Undergraduate - Other
- Student - Graduate - School Counseling
- Student - Graduate - SUD Prevention/Treatment

Annual Performance Report
Academic Year 2018-2019

- Public Health - Social & Behavioral Sciences
- Paraprofessional - Community Health Worker
- Paraprofessional - Outreach Worker
- Paraprofessional - Social Services Aide
- Student - Alternative/Complementary Nursing
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Dental Hygiene
- Student - Graduate - Marriage and Family Therapy
- Student - Graduate - Other
- Student - Graduate - Psychology
- Student - Health Informatics
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - NP - Acute care pediatric
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Other advanced nurse specialists
- Student - NP - Women's health
- Student - Paraprofessional - Community Health Worker
- Student - Paraprofessional - Outreach Worker
- Student - Paraprofessional - Social Services Aide

Health Resources and Services Administration
Bureau of Health Workforce

- Student - Physical Therapy
- Student - Registered Nurse - BSN
- Student – Graduate – Occupational Therapy
- Student – Graduate – School Social Work

Annual Performance Report
Academic Year 2018-2019

- Student - Pharmacy School
- Student - Registered nurse (RN)
- Student - Undergraduate - Public Health
- Student – Graduate – School Psychology



Note: Principal trainees are those who were directly or indirectly supported through your grant. For your grant program, these are the individuals reported on the INDGEN form. “Other Interprofessional” trainees are those individuals who trained at the same site on an interdisciplinary team with your principal trainees, but who did not received support from or have an association with your HRSA grant.



Note: Do not select professions/disciplines for faculty, site staff, or other non-trainees.

EXP-2 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline
(4) Block 3

Figure 58. EXP-2 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline:

For each row, enter the number of "Principal" trainees in the profession and discipline listed.



Note: Principal trainees are those who were directly or indirectly supported through your grant. For your grant program, these are the individuals reported on the INDGEN form.



Note: Do not enter counts for faculty, site staff, or other non-trainees.



Note: If you are reporting \"Other Interprofessional\" trainees but NO Principal trainees for a particular discipline, enter a zero in Column 4.

EXP-2 - Entering # of Other Interprofessional trainees who participated in team-based care

Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
(5) Block 8

Figure 59. EXP-2 - Entering # of Other Interprofessional trainees who participated in team-based care

Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care: In Column 5 (Block 8), enter the number of all "OTHER Interprofessional trainees" who participated in team-based care alongside your Principal Students. Counts provided should be based on individuals NOT reported on IND-GEN who were not associated with your HRSA-funded program.



Note: "Other Interprofessional" trainees are those individuals who trained at the same site on an interdisciplinary team with your principal trainees, but who did not received support from or have an association with your HRSA grant.



Note: Do not enter counts for faculty, site staff, or other non-trainees.



Note: If you are reporting \"Principal\" trainees but NO \"Other Interprofessional\" trainees for a particular discipline, enter a zero in Column 5.

EXP-2 - Adding Individuals Trained Example 1

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
Internship Student - Graduate - Psychology	Site 1	Student - Graduate - Psychology	24	0
Internship Student - Graduate - Psychology	Site 2	Student - Graduate - Psychology	10	0
Internship Student - Graduate - Psychology	Site 3	Student - Graduate - Psychology	4	0

Figure 60. EXP-2 - Adding Individuals Trained Example 1

Example 1. Principal Trainees ONLY (no interprofessional trainees): In Example 1, students from the Psychology internship program did not participate in interprofessional experiences, so only principal trainees are being reported. The principal Psychology internship students trained at 3 different clinical training sites.

- At Site 1, there were 24 principal Psychology interns and no “other interprofessional” trainees (see row 1).
- At Site 2, there were 10 principal Psychology interns and no “other interprofessional” trainees (see row 2).
- At Site 3, there were 4 principal Psychology interns and no “other interprofessional” trainees (see row 3).

EXP-2 - Adding Individuals Trained Example 2

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
Internship Student - Graduate - Psychology	Site 1	Student - Graduate - Psychology	24	0
Internship Student - Graduate - Psychology	Site 1	Student - Medical School	0	2
Internship Student - Graduate - Psychology	Site 1	Medicine - Psychiatry	0	3
Internship Student - Graduate - Psychology	Site 2	Student - Graduate - Psychology	15	0
Internship Student - Graduate - Psychology	Site 2	Student - Pharmacy School	0	4

Figure 61. EXP-2 - Adding Individuals Trained Example 2

Example 2. Principal AND Interprofessional Trainees: In Example 2, students from the Psychology internship program participated in interprofessional training experiences alongside other trainees.

- At Site 1, 24 principal Psychology interns trained alongside “other interprofessional” trainees: 2 medical students and 3 Psychiatry residents who were not associated with the HRSA grant (see rows 1-3).

- At Site 2, 15 principal Psychology interns trained alongside “other interprofessional” trainees: 4 pharmacy students who were not associated with the HRSA grant (see rows 4 and 5)

EXP-2 - Adding Individuals Trained Example 3

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8
Internship Student - Graduate - Psychology	Site 1	Student - Graduate - Psychology	24	10
Internship Student - Graduate - Psychology	Site 1	Medicine - Psychiatry	0	2
Internship Student - Graduate - Psychology	Site 2	Student - Graduate - Psychology	10	22
Internship Student - Graduate - Psychology	Site 2	Student – Medical School	0	5

Figure 62. EXP-2 - Adding Individuals Trained Example 3

Example 3. Principal AND Interprofessional Trainees: In Example 3, students from the Psychology internship program participated in interprofessional training experiences alongside other trainees, including other Psychology interns who were not associated with the HRSA grant.

- At Site 1, 24 principal Psychology interns trained alongside “other interprofessional” trainees: 2 Psychiatry residents and 10 other Psychology interns who were not associated with the HRSA grant (see rows 1 and 2).

- At Site 2, 10 principal Psychology interns trained alongside “other interprofessional” trainees: 5 medical students and 22 other Psychology interns who were not associated with the HRSA grant (see rows 3 and 4).

EXP-2 - Selecting Type of Site Used

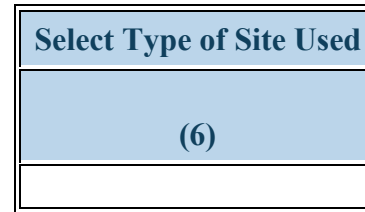


Figure 63. EXP-2 - Selecting Type of Site Used

Select Type of Site Used: Following the selection of a training site in EXP-1, the associated type of site will be automatically populated when the save and validate button is selected.

- Academic institution
- Aerospace operations setting
- Assisted Living Community
- Community - based care programs for elderly mentally challenged individuals
- Day and home care programs (e.g. Home Health)
- Emergency Room
- Federal Government Office or Agency
- Geriatric Behavioral or Mental Health Units
- Hospital
- Indian Health Service (IHS) site
- Local health department
- Nurse Managed Health Clinics
- Hospital - community
- Hospital - for profit
- Other community health center (e.g.; free clinic)
- School - based clinic
- Residential Living Facility
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community care programs for elderly mentally challenged individuals
- Community Mental Health Center
- Extended care facilities
- Federal and State Bureau of Prisons
- FQHC or look - alike
- Geriatric consultation services
- International nonprofit/nongovernmental organization
- Long - term Care Facility
- National health association
- Hospital - academic center
- Hospital - federal
- Other
- Other Oral Health Facility
- Program of All Inclusive Care for the Elderly
- Specialty clinics (e.g. mental health practice rehabilitation substance abuse clinic)
- Surgery Clinic
- Acute care services
- Community - based organization
- Community Health Center (CHC)
- Community Behavioral Health Center
- Dentist Office
- Dental Services
- Geriatric ambulatory care and comprehensive units
- Hospice
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- National health association or affiliate
- Nursing Home
- Hospital - non profit
- Physician Office
- Senior Centers

Health Resources and Services Administration
Bureau of Health Workforce

- State Health Department
- Tribal Health Department
- Tribal Government

- Tribal Organization

Annual Performance Report
Academic Year 2018-2019

- State Government Office or Agency
- Veterans Affairs Healthcare (e.g. VA Hospital or clinic)
- Veterans Affairs Hospital or clinic

EXP-2 - Selecting Type of Setting Where the Site was Located

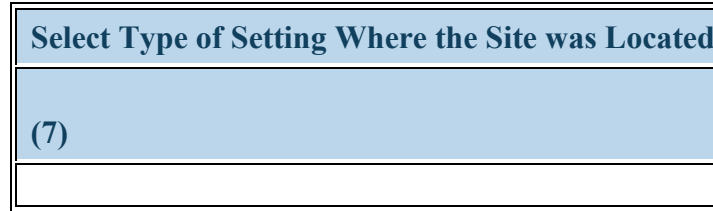


Figure 64. EXP-2 - Selecting Type of Setting Where the Site was Located

Select Type of Setting Where the Site was Located: Following the selection of a training site in EXP-1, the associated settings will be automatically populated when the save and validate button is selected.

- Medically underserved community
- Primary Care Setting
- Rural area
- None of the above



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Course Development and Enhancement—CDE Subforms

CDE - Introduction



Warning: The CDE subforms will be displayed only if you have selected the 'BHWET-3' purpose in the Grant Purpose - Setup page.

Purpose of CDE forms: The CDE forms are used to collect information about curriculum development and enhancement activities, including development status, delivery mode, course topic, etc. for courses offered during the current reporting period.

- CDE-1: Collects information about newly developed or enhanced courses offered during the current reporting period.
- CDE-2: Collects the number of individuals who participated in the CDE courses and training activities (grouped by course and primary discipline).

Order of Forms:

- The CDE forms **MUST** be completed in order, otherwise drop-down menus will not populate correctly.
- You must complete and click 'Save and Validate' in CDE-1 before proceeding to CDE-2.

Pre-population of Prior Records:

- The BPMH system will prepopulate saved information for each previously offered courses (i.e. "Prior Records") in the CDE-1 data table.
- For "Prior Records" you must indicate whether the course was offered during the current reporting period.

Creation of New Records:

- The BPMH system will allow you to enter information for newly offered courses or training activities (i.e., "New Record") in the CDE-1 data table. "New Records" will populate below all "Prior Records"

- For “New Records” you must indicate whether the course was offered during the current reporting period.

Detailed guidance on how to make the correct selections for the CDE forms be found below.



Warning: CDE-1 must be completed and validated prior to beginning CDE-2. If you reach the CDE-2 form, and no drop-down selections appear, you have not validated both CDE-1 subform.

CDE-1: Course Development and Enhancement - Course Information

CDE-1 - Setup

To provide data about courses and other training activities that have been developed or enhanced through the grant click \"Yes\" to the initial setup question. Clicking \"Yes\" will activate the form that will allow you to begin data entry.

Have you used BHW resources or received in-kind support to develop or enhance a course or other training activity associated with the grant?	<input checked="" type="checkbox"/> Yes (complete CDE-1 and CDE-2) <input type="checkbox"/> No (Click Save and Validate to proceed to the next form)
--	--

Figure 65. CDE-1 - Setup

Have you used BHW resources or received in-kind support to develop or enhance a course or other training activity associated with the grant?:



Warning: If you have used the CDE form before, this answer is pre-selected 'Yes' for you. You do not need to answer this question again. Please move ahead to the CDE form by using the form list located on the left side of your screen.



Warning: CDE-1 must be completed and validated prior to beginning CDE-2. If you reach the CDE-2 form, and no drop-down selections appear, you have not validated the CDE-1 subform.

CDE-1 - Entering the Name of Course/Training Activity

Name of Course or Training Activity
(1) Block 1

Figure 66. CDE-1 - Entering the Name of Course/Training Activity

Name of Course or Training Activity:

Enter the name of each course or training activity that was developed or enhanced through the grant at any point during the entire project period. All previously reported courses will be saved in the data table from your past performance reports and labeled as “Prior Records.” To report on a NEW course, enter the course name in the “Add Course” box at the top of your screen. Click ‘Add Record’ after each entry and the new courses will appear at the bottom of the data table below, in column 1. Repeat this process to enter each course or training activity that was developed or enhanced through the grant separately.



Warning: Complete the CDE-1 Setup form only if grant funds were used to develop or enhance NEW courses or training activities other than those previously reported.

CDE-1 - Selecting Type of Course or Training Activity

Select Type of Course or Training Activity
(2) Block 2

Figure 67. CDE-1 - Selecting Type of Course or Training Activity

Select Type of Course or Training Activity: Select the type of course or training activity that was developed or enhanced through the grant by clicking on the drop-down menu in Column 2 (Block 2) and choosing one of the following options:

- Academic course
- Continuing Education courses
- Field placement/practicum
- Training/Workshop for health professions students fellows or residents
- Clinical rotation
- Faculty development programs or activities
- Grand rounds

CDE-1 - Selecting whether Course was Newly Developed or Enhanced

Select whether Course or Training Activity was Newly Developed or Enhanced
(3) Block 3

Figure 68. CDE-1 - Selecting whether Course was Newly Developed or Enhanced

Select whether Course or Training Activity was Newly Developed or Enhanced: Select whether each course or training activity identified in Column 1 (Block 1) was newly developed or enhanced by clicking on the drop-down menu in Column 3 (Block 3) and choosing one of the following options:

- Enhanced
- Newly developed



Note: Select 'Newly Developed' for courses or training activities that were not in existence and were developed in their entirety through the grant.



Note: Select 'Enhanced' for courses or training activities that were in existence prior to the grant and were modified or restructured through the grant.

CDE-1 - Entering Development/Enhancement Status

Select Status of Development or Enhancements
(4) Block 4

Figure 69. CDE-1 - Entering Development/Enhancement Status

Select Status of Development or Enhancements: Select each course or training activity's current status by clicking on the drop-down menu in Column 4 (Block 4) and choosing one of the following options:

- Developed not yet implemented
- Implemented
- Under development

CDE-1 - Selecting Delivery Mode

Select Delivery Mode Used to Offer this Course or Training Activity
(8) Block 6

Figure 70. CDE-1 - Selecting Delivery Mode

Select Delivery Mode Used to Offer this Course or Training Activity: Select the primary mode used to deliver each course or training activity that was developed or enhanced through the grant by clicking on the drop-down menu in Column 8 (Block 6) and choosing one of the following options:

- Classroom-based
- Clinical Rotation
- Hybrid
- Distance learning (Online Webinar)
- Experiential/Field-based
- Simulation-based Training

CDE-1 - Selecting Primary Topic Area

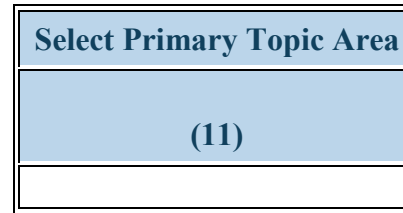


Figure 71. CDE-1 - Selecting Primary Topic Area

Select Primary Topic Area: elect the primary topic area for each course or training activity that was developed or enhanced by clicking on the drop-down menu under Column 11 and choosing one of the following options:

- Behavioral Health - Primary Care Integration
- Behavioral Health - Suicide
- Chronic Disease - Alzheimer/Dementia
- Clinical Training - Community-Based Collaboration
- Clinical Training - Healthcare delivery systems
- Clinical Training - Public Health
- Clinical Training - Skills - Communications Skills
- Clinical Training - Technology - Other
- Infectious Disease - HIV/AIDS
- Population - Maternal Child Health
- Population - Veterans Health
- Setting - Medically-Underserved Communities
- Setting - Other
- Behavioral Health - Substance Abuse - General
- Behavioral Health - Treatment
- Chronic Disease - Management
- Clinical Training - Cultural Competency/Health Disparities
- Clinical Training - Interprofessional education/team-based training
- Clinical Training - Quality Improvement/Patient Safety
- Clinical Training - Skills - Leadership and Management
- Clinical Training - Telehealth
- Infectious Disease - Other
- Population - Minority Health
- Population - Womens Health
- Setting - Primary Care
- Other-Topic Not Listed
- Behavioral Health - Substance Abuse - Opioids
- Behavioral Health - Other
- Chronic Disease - Other
- Clinical Training - Evidence-based Practice
- Clinical Training - Oral Health
- Clinical Training - Research
- Clinical Training - Technology - Simulation-based training
- Clinical Training - Unspecified
- Population - Geriatric Health
- Population - Rural Health
- Population - Other
- Setting - Rural



*Note: **Clinical Training-Public health** incorporates the following topic areas: health promotion and disease prevention, health policy/advocacy, emergency preparedness and response, environmental health, nutrition, epidemiology, data collection and analysis etc. **Clinical Training - Technology - Other** incorporates the following topic areas: telemedicine, informatics, electronic medical records etc.*



Note: You may only choose one selection for primary topic area.

CDE-1 - Selecting Whether the Course or Training Activity was Offered in the Current Reporting Period

Select Whether the Course or Training Activity was Offered in the Current Reporting Period
(12)

Figure 72. CDE-1 - Selecting Whether the Course or Training Activity was Offered in the Current Reporting Period

Select Whether the Course or Training Activity was Offered in the Current Reporting Period:

Select whether the course or training activity that was developed or enhanced has been offered, re-offered or not offered in the current reporting period by clicking on the drop-down menu under Column 12. Listed below is guidance on which option to select.

- For “Prior Records”, courses that have been ‘Implemented’ the available options will include:
 - Not offered in the current reporting period; or
 - Re-offered in the current reporting period

- For “Prior Records”, courses that have been ‘Developed not yet implemented’ or ‘Under development’ the available options will include:
 - Not offered in the current reporting period; or
 - Offered in the current reporting period. Select “offered” if this is the first time the course has been implemented.

- For “New Records”, courses that have been ‘Implemented’, the available option will be:
 - Offered in the current reporting period.

➤ For “New Records”, courses that are ‘Developed not yet implemented’ or ‘Under development’, the available option will be:

- Not offered in the current reporting period.

- Offered
- Not Offered
- Re-offered



Note: Information on courses that were ‘Offered’ or ‘Re-offered’ will carry over onto CDE-2 form.



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

CDE-2: Course Development and Enhancement - Trainees by Profession/Discipline

CDE-2 - Adding Courses and Profession/Disciplines



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Name of Course or Training Activity	Profession and Discipline of Individuals Trained
(1) Block 1	(2) Block 7

Figure 73. CDE-2 - Adding Courses and Profession/Disciplines

Name of Course or Training Activity:

Begin by selecting the name of the course or training activity from the dropdown menu at the top of the screen. Available course names will prepopulate from the CDE-1 form. Only the names of courses that were marked as "Offered" or "Re-offered" from CDE-1 form will appear as options in the drop-down menu.

Profession and Discipline of Individuals Trained:

Select the profession(s) and discipline(s) of individuals trained through each course offered (or re-offered) during the current reporting period by choosing all that apply from the options listed below. Click on the "Add Record" button to save your entry. Repeat this process to capture the profession and discipline of all individuals trained in each course or training activity during the current reporting period.

- Medicine – Psychiatry
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pediatric Dentistry
- Behavioral Health - Clinical Mental Health Counseling
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - General Dentistry

Health Resources and Services Administration
Bureau of Health Workforce

Annual Performance Report
Academic Year 2018-2019

- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Registered Nurse
- Other - Chiropractic
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Midwife
- Other - Optometry
- Other - Profession Not Listed
- Other - Respiratory Therapy
- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Public health nurse

Health Resources and Services Administration
Bureau of Health Workforce

- Other - Medical Laboratory Technology
- Other - Office/Support Staff
- Other - Podiatry
- Other - Registered Dietician
- Other - Unknown
- Other - Physical Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - Dental Assistant
- Student - Diploma/Certificate
- Student - Graduate - Nursing Masters
- Student - Graduate - Professional Counseling
- Student - Graduate - Social Work
- Student - Law School
- Student - NP - Acute care adult gerontology
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Psychiatric/Mental health
- Student - Physical Therapy
- Student - Registered nurse (RN)

- Other - Veterinary Medicine
- Other - Speech Therapy
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Administration
- Public Health - Injury Control & Prevention
- Student - Alternative/Complementary Nursing
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Dental Hygiene
- Student - Graduate - Marriage and Family Therapy
- Student - Graduate - Other
- Student - Graduate - Psychology
- Student - Health Informatics
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - NP - Acute care pediatric
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental Health
- Student - NP - Other advanced nurse specialists
- Student - NP - Women's health
- Student - Physician Assistant
- Student - Registered Nurse - BSN
- Student - Graduate - Occupational Therapy
- Student - Graduate - School Social Work
- Paraprofessional - Community Health Representative
- Paraprofessional - Other
- Paraprofessional - Promotora
- Paraprofessional - Youth Worker

Annual Performance Report
Academic Year 2018-2019

- Other - Audiology
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Midwife (non-nurse)
- Other - Pharmacy
- Other - Radiologic technology
- Other - Speech Pathology
- Other - Occupational Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Health Policy & Management
- Public Health - Nutrition
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women's health
- Student - Dental School
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Public Health
- Student - Home Health Aide
- Student - Medical School
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Pharmacy School
- Student - Post - high school / Pre - college

Health Resources and Services Administration
Bureau of Health Workforce

- Student - Undergraduate - Public Health
- Student – Graduate – School Psychology
- Paraprofessional - Behavioral Health Technician/Aide
- Paraprofessional - Mental Health Worker
- Paraprofessional - Peer Paraprofessional
- Paraprofessional - Substance Use/ Addictions Worker
- Student - Paraprofessional - Behavioral Health Technician/Aide
- Student - Paraprofessional - Mental Health Worker
- Student - Paraprofessional - Peer Paraprofessional
- Student - Paraprofessional - Substance Use/ Addictions Worker

- Student - Paraprofessional - Community Health Representative
- Student - Paraprofessional - Other
- Student - Paraprofessional - Promotora
- Student - Paraprofessional - Youth Worker

Annual Performance Report
Academic Year 2018-2019

- Student - Undergraduate - Other
- Student – Graduate – School Counseling
- Student – Graduate – SUD Prevention/Treatment
- Paraprofessional - Community Health Worker
- Paraprofessional - Outreach Worker
- Paraprofessional - Social Services Aide
- Student - Graduate - Clinical Mental Health Counseling
- Student - Paraprofessional - Community Health Worker
- Student - Paraprofessional - Outreach Worker
- Student - Paraprofessional - Social Services Aide



Note: CDE-2 is used to report trainee counts for academic courses, training workshops, grand rounds, clinical rotations, and field placement/practica that were offered during the current reporting period. Trainee counts for faculty development participants are captured separately with the FD-subforms and continuing education participants are reported with the CE subforms.



Note: Only the names of courses/training activities that were marked as "Offered" or "Re-offered" in the CDE-1 form will appear as options in the drop-down menu.

CDE-2 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline
(3) Block 7

Figure 74. CDE-2 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline:

For each course, enter the number of participants from the professions/disciplines you have indicated under Column 3 (Block 7). Repeat this process to capture the profession and discipline of all individuals trained in each course or training activity during the current reporting period.

Once you have completed Columns 1 through 3 for all rows, click 'Save and Validate' to automatically populate Columns 4 through 9 with responses from CDE-1.

CDE-2 - Selecting Type of Course or Training Activity

Select Type of Course or Training Activity
(4) Block 2

Figure 75. CDE-2 - Selecting Type of Course or Training Activity

Select Type of Course or Training Activity:

Column 4 (Block 2), Type of Course or Training Activity will automatically populate with response from CDE-1 form.

- Academic course
- Continuing Education courses
- Field placement/practicum
- Training/Workshop for health professions students fellows or residents
- Clinical rotation
- Faculty development programs or activities
- Grand rounds

CDE-2 - Selecting whether Course was Newly Developed or Enhanced

Select whether Course or Training Activity was Newly Developed or Enhanced
(5) Block 3

Figure 76. CDE-2 - Selecting whether Course was Newly Developed or Enhanced

Select whether Course or Training Activity was Newly Developed or Enhanced:

Column 5 (Block 3), selection of whether the Course or Training Activity was Newly Developed or Enhanced will automatically populate with response from CDE-1 form.

- Enhanced
- Newly developed



Note: Select 'Newly Developed' for courses or training activities that were not in existence and were developed in their entirety through the grant.



Note: Select 'Enhanced' for courses or training activities that were in existence prior to the grant and were modified or restructured through the grant.

CDE-2 - Selecting Delivery Mode

Select Delivery Mode Used to Offer this Course or Training Activity
(7) Block 6

Figure 77. CDE-2 - Selecting Delivery Mode

Select Delivery Mode Used to Offer this Course or Training Activity:

Column 7 (Block 6), Delivery mode will automatically populate with response from CDE-1 form.

- Classroom-based
- Clinical Rotation
- Hybrid
- Distance learning (Online Webinar)
- Experiential/Field-based
- Simulation-based Training

CDE-2 - Selecting Primary Topic Area

Select Primary Topic Area
(8)

Figure 78. CDE-2 - Selecting Primary Topic Area

Select Primary Topic Area:

Column 8, Primary Topic Area will automatically populate with response from CDE-1 form.

- Behavioral Health - Primary Care Integration
- Behavioral Health - Suicide
- Chronic Disease - Alzheimer/Dementia
- Clinical Training - Community-Based Collaboration
- Clinical Training - Healthcare delivery systems
- Clinical Training - Public Health
- Clinical Training - Skills - Communications Skills
- Clinical Training - Technology - Other
- Infectious Disease - HIV/AIDS
- Population - Maternal Child Health
- Population - Veterans Health
- Setting - Medically-Underserved Communities
- Setting - Other
- Behavioral Health - Substance Abuse - General
- Behavioral Health - Treatment
- Chronic Disease - Management
- Clinical Training - Cultural Competency/Health Disparities
- Clinical Training - Interprofessional education/team-based training
- Clinical Training - Quality Improvement/Patient Safety
- Clinical Training - Skills - Leadership and Management
- Clinical Training - Telehealth
- Infectious Disease - Other
- Population - Minority Health
- Population - Womens Health
- Setting - Primary Care
- Other-Topic Not Listed
- Behavioral Health - Substance Abuse - Opioids
- Behavioral Health - Other
- Chronic Disease - Other
- Clinical Training - Evidence-based Practice
- Clinical Training - Oral Health
- Clinical Training - Research
- Clinical Training - Technology - Simulation-based training
- Clinical Training - Unspecified
- Population - Geriatric Health
- Population - Rural Health
- Population - Other
- Setting - Rural

CDE-2 - Selecting Whether the Course or Training Activity was Offered in the Current Reporting Period

Select Whether the Course or Training Activity was Offered in the Current Reporting Period
(9)

Figure 79. CDE-2 - Selecting Whether the Course or Training Activity was Offered in the Current Reporting Period

Select Whether the Course or Training Activity was Offered in the Current Reporting Period:

Column 9, selection of whether the course was offered will automatically populate with response from CDE-1 form.

- Offered
- Not Offered
- Re-offered



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Faculty Development, Instruction, and Recruitment-FD Subforms

FD - Introduction

Purpose of FD Subforms:

- The FD-1 subforms collect information about the characteristics and the trainees of structured faculty development programs.
- The FD-2 subforms collect information about the characteristics and the trainees of faculty development activities.
- The FD-4 subforms collect information about the characteristics of faculty-instructed courses.

FD-2a: Faculty Development - Faculty Development Activities

FD-2a - Entering Faculty Development Activities



Warning: The FD-2a and FD-2b subforms will only appear if \"Faculty Development Activities\" was selected in the Faculty Development Setup form.



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Activity Name
(1)

Figure 80. FD-2a - Entering Faculty Development Activities

Activity Name:

- To begin completing the FD-2a subform, enter the name of each faculty development activity coordinated and/or supported through the grant during the annual reporting period.
- Click on the "Add Record" button to save your entry. **Repeat this process to enter each faculty development activity coordinated and/or supported through the grant during the annual reporting period.**

FD-2a - Selecting Type of Faculty Development Activity Offered



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Select Type of Faculty Development Activity Offered	For Courses or Workshops	
	Select Whether Activity is Accredited for Continuing Education Credit	Select Whether Attendance was to Acquire or Maintain Professional Certification
(2) Block 8	(3) Block 8a	(4) Block 8b

Figure 81. FD-2a - Selecting Type of Faculty Development Activity Offered

Select Type of Faculty Development Activity Offered: To begin completing the FD-2a subform, select the type of faculty development activity supported and/or coordinated through the grant during the reporting period by clicking on the drop-down menu under Block 8 and choosing **one** of the following options:

- Academic Course for Continuing Education
- Clinical Rotation for Continuing Education
- Grand Rounds for Continuing Education
- Professional Conference
- Training/Workshop for Continuing Education

For Courses or Workshops: Select Whether Activity is Accredited for Continuing Education Credit:

- **For Clinical Rotations and Grand Rounds for Continuing Education, as well as Professional Conferences (as selected in Column 2, Block 8),** select N/A for Column 3 (Block 8a).

- **For Academic Courses and Trainings/Workshops for Continuing Education (as selected in Column 2, Block 8)**, select whether these activities are accredited for continuing education credit by clicking on the drop-down menu under Column 3 (Block 8a) and choosing one of the following options:
 - Yes
 - No
 - N/A

For Courses or Workshops: Select Whether Attendance was to Acquire or Maintain Professional Certification:

- **For Clinical Rotations and Grand Rounds for Continuing Education, as well as Professional Conferences (as selected in Column 2, Block 8)**, select N/A for Column 4 (Block 8b).
- **For Academic Courses and Trainings/Workshops for Continuing Education (as selected in Column 2, Block 8)**, select whether attendance by faculty was for the purposes of acquiring or maintaining a professional certification by clicking on the drop-down menu under Column 4 (Block 8b) and choosing one of the following options:
 - Yes
 - No
 - N/A

FD-2a - Entering Duration of Training Activity

Enter Duration of Training Activity in Clock Hours
(5) Block 9

Figure 82. FD-2a - Entering Duration of Training Activity

Enter Duration of Training Activity in Clock Hours: Enter the total length of each faculty development activity in clock hours in the textbox under Block 9.



Note: For activities less than one (1) hour, provide a decimal value by dividing the total number of minutes the course lasted by 60. (e.g., a 15-minute course would be entered as $15/60 = .25$.)

FD-2a - Selecting Delivery Mode

Select Delivery Mode Used to Offer Training Activity
(6) Block 10

Figure 83. FD-2a - Selecting Delivery Mode

Select Delivery Mode Used to Offer Training Activity: Select the primary delivery mode used to offer each faculty development activity by clicking on the drop-down menu under Block 10 and choosing **one** of the following options:

- Classroom-based
- Distance learning (Online, Webinar)
- Experiential/Field-based
- Clinical Rotation
- Hybrid
- Simulation-based Training

FD-2a - Selecting Faculty Role(s)

Select the Faculty Role(s) Addressed at Training Activity
(7) Block 11

Figure 84. FD-2a - Selecting Faculty Role(s)

Select the Faculty Role(s) Addressed at Training Activity: To complete the FD-2a subform, select the faculty role(s) addressed in each activity by clicking on the drop-down menu under Block 11 and choosing **all that apply** from the following options:

- Administrator
- Clinician
- Educator
- Researcher



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

FD-2b: Faculty Development - Faculty Trained By Profession/Discipline

FD-2b - Adding Profession and Discipline for Activities



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Activity Name	Profession and Discipline of Faculty Trained
(1)	(2) Block 12

Figure 85. FD-2b - Adding Profession and Discipline for Activities

Activity Name: Select an activity name by clicking on the drop-down menu next to "Activity Name" and choosing one of the available options (available options will be those entered and saved in the FD-2a subform).

Profession and Discipline of Faculty Trained: Select the profession(s)/discipline(s) of all faculty who participated in each faculty development activity during the current reporting period by choosing all that apply from the options below. Next, select "Add Record." Repeat this process to capture the profession/discipline of all faculty who participated in each faculty development activity during the current reporting period.

- Behavioral Health - Clinical Psychology
- Behavioral Health - Counseling
- Behavioral Health - Psychology
- Behavioral Health - Substance Abuse/Addictions Counseling
- Nursing - CNS - Psychiatric/Mental health
- Nursing - NP - Family
- Other - Community Health Worker
- Other - Direct Service Worker
- Nursing - Other
- Other - Office/Support Staff
- Behavioral Health - Clinical Social Work
- Behavioral Health - Marriage and Family Therapy
- Dentistry - General Dentistry
- Behavioral Health-Other
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Psychiatry
- Other - Home Health Aide
- Behavioral Health - Counseling Psychology
- Behavioral Health - Pastoral/Spiritual Care
- Behavioral Health - School Psychology
- Dentistry - Other
- Medicine - Family Medicine
- Nursing - Registered Nurse
- Medicine - Preventive Medicine
- Other - Health Education Specialist

Health Resources and Services Administration
Bureau of Health Workforce

- Other - Profession Not Listed
- Paraprofessional - Behavioral Health Technician/Aide
- Public Health - Health Policy & Management
- Paraprofessional - Mental Health Worker
- Paraprofessional - Outreach Worker
- Paraprofessional - Social Services Aide
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Social & Behavioral Sciences

- Other - Pharmacy
- Other - Registered Dietician
- Public Health - Health Administration
- Paraprofessional - Community Health Worker
- Public Health - Other
- Paraprofessional - Peer Paraprofessional
- Paraprofessional - Substance Use/Addictions Worker
- Public Health - Disease Prevention & Health Promotion
- Public Health - Infectious Disease Control

Annual Performance Report
Academic Year 2018-2019

- Other - Occupational Therapy
- Other - Physical Therapy
- Physician Assistant
- Paraprofessional - Community Health Representative
- Public Health - Nutrition
- Paraprofessional - Other
- Paraprofessional - Promotora
- Paraprofessional - Youth Worker
- Public Health - Environmental Health
- Public Health - Injury Control & Prevention

FD-2b - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline
(3) Block 12

Figure 86. FD-2b - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline: Enter the number of faculty in each profession/discipline who participated in the faculty development activity during the current reporting period in the textbox. Repeat this step as many times as necessary to capture the total number of faculty by profession/discipline who participated in each faculty development activity during the current reporting period.



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Printing Your Performance Report

- To print the entire performance report, expand the left side menu of your report and click the 'Review' link under the 'Review and submit' section. You will be directed to the Review page.
- Next, click the 'Print All Forms' button below the Resources section of the Review Page.

The screenshot displays the Performance Report interface. On the left sidebar, the 'Review' link is highlighted with a red box. The main content area shows the 'Resources' section with a 'Print All Forms' button also highlighted with a red box. Below the button is a table with columns for Section, Type, and Options.

Section	Type	Options
View: Semi-Annual Performance Report		
Training Program	HTML	View
PC	HTML	View
IND-GEN	HTML	View
INDGEN-GPC	HTML	View
INDGEN-PY	HTML	View
EXP	HTML	View
Comments and Certification	HTML	View

Figure 87. Screenshot of Printing Your Performance Report

Submitting Your Performance Report

1. To submit your performance report, expand the left side menu of your report and click the 'Submit' link under the 'Review and submit' section. You will be directed to the Submit Report. On the Submit Report page, ensure that the status of all forms is 'Complete' with a green check mark. Click the 'Submit' button on the bottom right corner of this page.

The screenshot displays the 'Submit Report' interface. On the left is a navigation menu with categories like 'Performance Report', 'Setup Data', 'Performance Data', 'Comments', and 'Review and Submit'. The 'Submit' link is highlighted in red. The main content area shows a table titled 'Submission Report Status' with columns for 'Section', 'Status', and 'Option'. A red arrow points to the 'Complete' status of the 'PC-1' row. A 'Submit' button is also highlighted in red at the bottom right.

Section	Status	Option
Setup Data		
Training Program	✓ Complete	Update
Performance Data		
PC-1	✓ Complete	Update
IND-GEN	✓ Complete	Update
INDGEN-GPC	✓ Complete	Update
INDGEN-PY	✓ Complete	Update
EXP-1	✓ Complete	Update
EXP-2	✓ Complete	Update
EXP-3	✓ Complete	Update

Figure 88. Screenshot of the Submit Report Page

2. After step 1, you will be directed to the Submit Report-Confirm page. On this page, check the box under the ‘Certification’ section and click the ‘Confirm’ button on the bottom right corner of your screen to submit your report to HRSA. You will receive a confirmation message on your next screen.

Submit Report - Confirm

You have chosen to submit this report to HRSA. Please check the box to electronically sign the Report. Click the 'Confirm' button below to submit the report. If you do (+ [View More](#))

Confirmation:
This is a confirmation page! You MUST Click on the appropriate button to complete your action.

Fields with * are required

* **Certification** [View Report](#)

I Sherer, Sara certify that I am authorized to submit this report to HRSA for grant D40HP28075.

Please check the box to electronically sign the Report.

[Cancel](#) [Confirm](#)

Figure 89. Screenshot of the Submit Report - Confirm Page

Appendix A: Glossary

<https://bhw.hrsa.gov/grants/resourcecenter/glossary>

Appendix B: FAQs

General FAQs

When is the due date for the performance report?

Performance reports are due by **July 31, 2019** for all programs. No extensions will be granted beyond this date. Failure to submit a performance report by the due date may place your grant in a non-compliant status.

What dates does the performance report cover?

The performance report submitted by grantees should cover all activities conducted through the grant during the current reporting period **July 01, 2018 - June 30, 2019**.

Is it possible to change data entered incorrectly in a prior reporting period?

No. Data entered in a previous reporting period cannot be edited. It is important that grantees provide accurate data during each reporting period.

Where will grantees be able to locate the instruction manuals for the performance reports?

Grantees will be able to access their program-specific instruction manual through the EHB. In addition, the manuals will be posted on the BHW grants website at <http://bhw.hrsa.gov/grants/reporting/index.html>.

Is there a way to look at the data forms required for my program without logging into EHB?

Yes. Grantees will be able to view a program-specific overview of the required performance measure forms on the BHW grants website at <http://bhw.hrsa.gov/grants/reporting/index.html>.

Are reports from prior years stored in the EHBs?

Yes. Grantees can locate reports from prior reporting periods in EHB by using any of the following methods:

- a) Clicking the 'view prior period data' link within a form or under your Resources tab;
- b) Going into your grant folder and searching for previously completed reports; or
- c) Clicking on the "submissions" link in the left side navigation menu.

Will the information we are submitting in this reporting period be automatically used to populate the forms in the future?

Yes. Depending on the form, certain data fields will prepopulate for future reporting periods based on the data you enter when the record is initially created. For example, information reported on the EXP-1 and EXP-2 forms for training sites used will carry over each reporting period. Similarly, much of the information reported on the INDGEN form will also carry over each reporting period until the individual completes his/her specific training program or permanently leaves before completion.

Does this report allow us to submit any attachments?

No, you cannot add attachments to the performance report.

When specific data, such as "N/A" is required after completing a cell, can those cells populate automatically?

No, grantees are required to enter all data themselves due to Section 508 requirements.

FAQs about Technical Support & Assistance

Who do we contact if we need technical assistance entering data in EHB?

Grantees should contact HRSA's Call Center for any questions related to the performance report. The Call Center can be reached via phone at 1-877-464-4772.

FAQs about the Training Program Setup forms

The wrong program name was entered last year. Going forward, should we list the correct name?

If the grantee changes the program name, all the previous years' data will be reset (everything entered in the past will not reappear this year). The best course of action is to make a note in the comments field and leave the program name as-is.

FAQs about the Program Characteristics (PC) forms

Do I need to set up my training program again if it is being reused in the current reporting period?

No. If you previously reported on a training program, you do not need to set up the program again. All of your previously used training programs will be displayed in your training program setup menu with a record status of 'Prior Record' displayed.

What are the status options for the different types of programs?

Structured and Unstructured Training programs use program status options "Ongoing" or "Complete." All other training programs (degree/certificate, internships, fellowships, 1-year retraining, practica/field placements, residencies) use the status options "Active" or "Inactive."

In the PC forms, do we count all trainees in our program, regardless of the year of study; do we include full-time/part-time trainees, etc.?

Yes, as long as trainees are enrolled or participating in the training program identified in Column 1.

Are we required to report on trainees at our institution beyond those who are participating in HRSA-funded programs?

The PC tables capture information about the universe of trainees regardless of funding status at your school. This is the only form that collects this type of information in aggregate.

FAQs about the LR-1 through DV-3 forms

In the LR and DV tables, are the counts for graduates and/or program completers a subset of the total trainee number, or are they to be reported separately?

On the LR and DV forms, graduates and program completers are not reported as a subset of the current trainee total. Please report aggregate counts of trainees (e.g., enrollees, residents, and fellows) SEPARATELY from the aggregate counts of graduates or program completers.

Which address should we use to determine whether an individual is from a rural residential background?

The definition of rural residential background is based on whether an individual has ever lived in a rural area. Grantees may choose to use the address prior to matriculation or the institution's address.

FAQs about the INDGEN form

Where do we get the Trainee Unique ID?

Grantees are responsible for developing a unique ID for each individual for whom an INDGEN entry is required. Grantees must keep a log of these unique IDs in order to provide follow-up data through the BPMH system.

What are the characters of the 7-digit unique ID?

Each unique ID must be made up of 7 alphanumeric characters. Do not include any personally identifiable information in the ID (name, birthdate, SSN, etc.).

Are INDGEN records from the last reporting period stored in the EHB?

Yes; they will appear in the INDGEN table as 'Prior Records' until (a) the individual is marked as a graduate/ program completer, or (b) the individual permanently discontinues participation in the training program.

Last year we created unique IDs in the INDGEN table. If any of those participants attend a new training cycle this year, should we use the same code for that participant?

The purpose of the Unique ID is to track an individual's training participation over time. If the same individual is simultaneously participating in multiple training programs, you should use the same unique ID. Note that each training program must also have a unique name. The same "unique ID-training program" combination cannot be present more than once.

What if an individual already listed on INDGEN did not receive a financial award during the reporting period?

If an individual from a prior record did not receive a financial award during the current reporting period, please indicate this under Column 12. The record will remain on INDGEN until this individual is marked as a graduate/program completer or permanently leaves the training program prior to completion.

Is reporting the underrepresented Asian distinction no longer included?

The definition of an underrepresented minority (URM) included in the instruction manuals specifically states that a URM is "is an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population". While some professional or accrediting organizations collect detailed information on Asian subpopulations, data sources for the general population (i.e., the Census) do not. Therefore, it is not possible to determine that specific Asian subpopulations are underrepresented relative to the general population. Furthermore, federal agencies have been directed by the Office of Management and Budget to collect race/ethnicity data in a manner consistent with that used for the Census. As a result, all race and ethnicity categories displayed in the INDGEN sub-form are identical to those used in the Census.

Can we use our institution's definitions/standards for disadvantaged background?

The BHW definition of disadvantaged background is included in the glossary of each instruction manual. As long as an institution's definition or standard does not contradict the federal definition of disadvantaged, then grantees may choose to count individuals who have been deemed disadvantaged by the institution. Otherwise, you must use the definition for disadvantaged background located in your program manual glossary.

Do we report full time faculty who receive salary support for teaching or administrative responsibilities?

If the faculty member is already accounted for in the grant's personnel log, then do include this individual on the INDGEN table. If the faculty member who received financial support is not listed in the grant personnel log, then he/she should be reported on INDGEN.

Do conference registration fees count as financial support?

Yes, but only for non-project staff.

How do we find out an individual's family income?

The institution's financial aid office should have that information, as part of the required application for financial aid.

For veteran status, are we asking only for the trainee's status, or the trainee's family status (e.g. dependent of veteran, spouse of veteran, etc.)?

Only the trainee's status should be reported.

How is the academic year funding total calculated?

Once you have validated the form, the academic year total is automatically calculated in EHB as the sum of funding during the academic year.

How is the cumulative funding total calculated?

The cumulative funding total is automatically re-calculated each annual reporting period in EHB. This is the total of each annual amount that has been entered for the individual record either (a) across the life of the grant or (b) since the BPMH system has been in use, starting with Academic Year 2012-2013.

Can I cut and paste rows in the INDGEN table?

The cut and paste capability is currently set up at the row level, rather than individual data elements. After a row of data has been copied and pasted, edits will need to be made to individual cells using the dropdowns. Please note that the system does not accept data that has been cut and pasted from sources outside the report itself.

Do we include faculty or preceptors on this form?

If direct funds were given to the individuals AND the individuals were not already included in the grant application, then yes, include them on INDGEN. Otherwise, do not include them.

In INDGEN Column 13, Stipend, should we include salaries?

The individual's salary (unless it's paid by the grant) should not be included. However, the BHW funding should be included.

On the prior report we indicated that a trainee graduated when he had not. Because of that, he is not showing up on the current report. Can he be moved back to the INDGEN form?

If the individual moves to the INDGEN-PY form you can locate the record of the mislabeled graduate. Scroll all the way to the right, and use the link called "Move to INDGEN", which will allow you to reset that record back to the INDGEN table for continued reporting.

I submitted a report last year using the 'not reported' option for trainee demographics. Why am I getting an error this year?

You may only select the 'not reported' option during the first reporting period for each trainee. Demographics are required information and grantees are expected to collect and report the information in all subsequent reports.

FAQs about the INDGEN-PY form

How do I use the INDGEN-PY form?

One year after an INDGEN record is marked as a graduate/program completer, you will be asked to provide an update on the individual's employment/enrollment status.

FAQs about the Experiential Training (EXP) forms

Which training sites do I need to report on this form? Is it all of the sites our program uses?

Grantees should report only on sites used to provide training to students, trainees, or faculty supported by the grant during the current reporting period.

Our hospital provides multiple training sites for our trainees. Do I list the hospital or the specific clinics and offices within the hospital?

You should list the specific clinics and offices within the hospital that provide training to supported trainees.

Do I need to list a site more than once on EXP-2?

For sites that provide training to students, trainees, and faculty from different training programs, the site should be listed on the form for each training program the grant sponsors.

How can I report interprofessional team-based care at the training sites?

Interprofessional team-based care reporting is a three-step process on the EXP-2 form. After identifying the training program and site, the first step is to select ALL of the professions and disciplines represented on the interprofessional team (including that of the principal HRSA-sponsored trainees). The second step is to provide the number of trainees (by discipline) who were trained by the HRSA-sponsored program (principal trainees). The final step is to provide the number of other trainees (by discipline) who participated at the site, alongside the principal trainees, but who were not enrolled in the HRSA-sponsored program.

What training sites do I report on EXP if I don't have directly-funded individuals in INDGEN?

You should report all training sites used to train individuals touched by your grant funding. If no individuals are reported in INDGEN, consider those you reported on the LR-1 form.

The values I added in EXP-1 aren't prepopulating in EXP-2. Why can I only see my active prior records?

You must select each program-site combination using the drop down menus in columns 1 and 2. The values you added in EXP-1 will load in the dropdown menu in EXP-2 column 2.

Why do I need to enter the zip code of my training sites?

The zip codes allow HRSA to identify sites that are in rural areas, medically underserved communities, and health professions shortage areas. Because the designation of each location may change over time, the zip code allows HRSA to adjust the way it labels a site.

Where can I find the 4-digit zip code extension?

You can locate your site's 4-digit zip code extension by visiting the US Postal Service website:
https://tools.usps.com/go/ZipLookupAction_input

FAQs about the Curriculum Development and Enhancement (CDE) forms

What if courses are created using a variety of funding sources?

Grantees should complete a CDE-1 entry for each course or training activity that was developed or enhanced using any amount of HRSA grant funds.

For CDE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?

For the purposes of the CDE-2 form, count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period.

In the CDE-1 table, I have entered a course that has been implemented, but when I try to select the site where the course was taught, I receive an error message that based on my responses for columns 2 and 4, this site is not allowed. Shall I use N/A as the site?

If it is an academic course or training/workshop for health professions students, fellows, or residents, then N/A will need to be used.

Can I delete a course from last year?

You will not be able to delete a previously used course. You may indicate that the course from last year was not used again this year.

FAQs about the Faculty Development (FD) forms

What is the difference between a structured faculty development program and an unstructured faculty development activity?

Structured and unstructured faculty development programs differ in a few ways. Generally, structured faculty development programs are administered over a longer period of time and involve multiple meetings/sessions. Additionally, structured programs tend to be curriculum-driven, and may lead to the conferral of a degree or certificate. In contrast, unstructured faculty development activities are shorter in duration and are single, stand-alone trainings. Faculty development activities include conferences, workshops, and grand rounds. **What are the definitions for the roles of educator and administrator?**

The educator role deals with instruction and training, course preparation, grading, and generally involves imparting knowledge or skills to others. Administrative responsibilities are support functions, such as committee work.

FAQs about the Continuing Education (CE) forms

For CE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?

Count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period. Individuals attending CE trainings should be current providers, rather than students.

In creating and enhancing courses for continuing education, what should the site be?

Enter N/A for these courses.

When should I use the 'Other' option for type of continuing education?

The 'Other' option is available if there was a CE activity that the grantee does not identify as an unstructured training or structured CE course. We anticipate that few (if any) grantees will need to use this option.