



## Fiscal Year 2018 National Training and Technical Assistance Cooperative Agreements Non-Competing Continuation Progress Report Instructions

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### Purpose

National Training and Technical Assistance Cooperative Agreements (NCAs) are national organizations that provide training and technical assistance (T/TA) to existing and potential Health Center Program award recipients and look-alikes (health centers)<sup>1</sup>. This NCA Non-Competing Continuation (NCC) Progress Report (hereafter referred to as the progress report), will award funding for the fiscal year (FY) 2018 budget period (July 1, 2018 to June 30, 2019). Continued funding is based on program compliance, organizational capacity to accomplish the NCA project's goals, Congressional appropriation, and a determination that continued funding would be in the best interest of the federal government.

### Submission and Award Information

Progress report submissions are due in the HRSA Electronic Handbooks (EHB) by 5:00 PM ET on February 16, 2018. Awards are anticipated on or around the FY 2018 budget period start date of July 1, 2018.

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<sup>1</sup> Existing health centers include both Health Center Program award recipients and look-alikes. Potential health centers include organizations that are applying for or seeking information about applying for an award or look-alike designation.

## General Instructions

You will complete the progress report submission in EHB by providing progress updates on NCA activities since July 1, 2017, the project period start date for the current NCA award. The progress report submission must include all forms and documents identified in Table 1. Forms are to be completed online directly in EHB. Attachments must be uploaded into EHB.

Progress reports lacking required information will be considered incomplete or non-responsive and will be returned via a “Change Requested” notification in EHB for the provision of missing information. If HRSA does not receive a progress report by the established deadline or receives an incomplete or non-responsive progress report, a delay in NoA issuance or a lapse in funding could occur.

The progress report must not exceed **40 pages** when printed by HRSA (approximately 5MB). Submit single-spaced narrative documents with 12 point, easily readable font (e.g., Times New Roman, Arial, Calibri) and one-inch margins. Smaller font (no less than 10 point) may be used for tables, charts, and footnotes. Note that attachments are counted toward the 40-page submission limit – forms are not counted.

**Table 1: Forms and Attachments**

NCA NCC Progress Report Section	Form or Attachment	Instructions
SF-PPR and SF-PPR-2	Form	Instructions are included in the NCA User Guide available at the NCA Technical Assistance website ( <a href="https://bphc.hrsa.gov/programopportunities/fundingopportunities/NCA/index.html">https://bphc.hrsa.gov/programopportunities/fundingopportunities/NCA/index.html</a> ).
Budget Information: Budget Details Form	Form	Refer to <a href="#">Budget Details Form</a> instructions.
Budget Narrative	Attachment	Upload the Budget Narrative. Refer to the <a href="#">Budget Narrative</a> instructions.
Attachment 1: Project Narrative (required)	Attachment	Refer to <a href="#">Attachment 1: Project Narrative</a> instructions.
Attachments 2-7 (as applicable)	Attachment	Refer to <a href="#">Attachment Instructions</a> .
FY 2017 Progress Update	Form	Refer to <a href="#">Appendix A</a> .
FY 2018 Project Work Plan	Form	Refer to <a href="#">Appendix B</a> .

## Attachment Instructions

### Attachment 1: Project Narrative (Required)

Provide a brief narrative highlighting **significant progress and challenges** that have affected your NCA project since the project period start date of July 1, 2017. The Project Narrative should expand on and not duplicate information you enter in the FY 2017 Progress Update and FY 2018 Project Work Plan forms in this report, and be no longer than 10 pages in length.

Specifically, the Project Narrative should include a discussion of each of the following items:

- 1. Any significant progress on or changes to NCA collaborations, partnerships, and coordinated activities.** Include any contributions to the national health center T/TA needs assessment and national T/TA clearinghouse under development by the National Resource Center for Health Center T/TA NCA, for use by all NCAs. In addition, highlight efforts to solicit and incorporate input on T/TA plans and resources from health centers and other T/TA providers and changes to major collaborative activities.

NOTE: Special and Vulnerable Populations (SVP) NCAs must describe collaborative efforts to develop and coordinate T/TA with other NCAs funded to provide T/TA to the same target population, particularly related to diabetes priorities.

- 2. Any significant changes to evaluation plans and dissemination of lessons learned.** Describe significant changes since your NCA award to NCA evaluation and dissemination strategies related to data collection and analysis, and lessons learned to date.
- 3. Any significant changes to project staffing.** Describe revisions to your project staffing plan since your NCA award. Address any challenges encountered in recruiting and retaining key management or project staff needed to accomplish the objectives of the work plan. Refer to [Attachment 3: Staffing Plan](#) and [Attachment 4: Position Descriptions for Key Personnel](#) as appropriate.
- 4. Any other major expected changes, plans, or considerations.** Include any other major accomplishments or challenges not captured in any other part of the progress report (e.g., organizational or project recognition). Additionally, describe planned activities beyond the forthcoming budget period (July 1, 2018 – June 30, 2019) that are not captured by the preceding narrative questions, your FY 2017 NCA Progress Update, or your FY 2018 Project Work Plan (e.g., site visits), including any new activities to further advance Health and Human Services (HHS) or Health Resources and Services Administration (HRSA) priorities.

**REMINDER:** T/TA activities supported by NCA funds must be made available to all existing and potential health centers. NCAs must also ensure access to T/TA for existing and potential health centers nationwide, without regard to health center award or designation status, NCA membership, or location. NCAs that refuse to work with an existing or potential health center

may be deemed noncompliant with the terms and conditions associated with this award, and would be subject to penalties for noncompliance as outlined in [45 CFR 75.371](#).

**Attachment 2: Organizational Chart (As Applicable)**

If the organizational chart for the NCA project has changed since the last NCA application, upload a revised one-page document that graphically depicts the NCA's organizational structure, including key personnel, staffing, and any sub-recipients or affiliated organizations. Clearly indicate organizational changes and include a brief rationale for those changes in the attachment.

**Attachment 3: Staffing Plan (As Applicable)**

If the staffing plan has changed since the last NCA application, such as new staff hired, provide a revised staffing plan that includes the education, experience qualifications, and rationale for the changes. See the [NCA Technical Assistance website](#) for a sample that provides details on the information required for inclusion.

**Attachment 4: Position Descriptions for Key Personnel (As Applicable)**

If position descriptions for key NCA project staff have changed since the last NCA application, including vacant positions, upload new job descriptions. Position descriptions must be limited to one page and include at a minimum:

- Position titles;
- Description of duties and responsibilities;
- Position qualifications;
- Supervisory relationships;
- Salary ranges; and
- Work hours.

Note if key positions have been combined or changed to part-time (e.g., CEO and CFO roles are shared).

**Attachment 5: Biographical Sketches for Key Personnel (As Applicable)**

If there have been any new key management staff hired since the last NCA application, upload biographical sketches for the individuals, if not previously submitted to your Project Officer. Each biographical sketch should be limited to one page. When applicable, biographical sketches should include training, language fluency, and experience working with the cultural and linguistically diverse populations that are served by the program.

**Attachment 6: Summary of Contracts and Agreements (As Applicable)**

Provide a summary describing any new or revised contracts and/or agreements developed since the last NCA application. The summary must address the following items for each contract and agreement:

- Name of contract organization;
- Type of contract or agreement (e.g., contract, Memorandum of Understanding, or agreement);

- Brief description of the purpose and scope of the agreement and how and where services are provided; and
- Timeframe for each contract or agreement (e.g., ongoing contractual relationship, specific duration).

### **Attachment 7: Other Relevant Documents (As Applicable)**

Provide other documents to support the progress report (e.g., publication plan, survey instruments). If your budget includes indirect costs, you **must** upload a copy of your most recent indirect cost rate agreement. Merge all items into a single document before uploading. These documents will count against the page limit.

Note: If you received supplemental funding to support related activities since the start of your current NCA project period, upload a summary of planned activities and progress made.

### **Budget Instructions**

A complete budget presentation includes the Budget Information: Budget Details form in EHB and the Budget Narrative attachment for the FY 2018 budget period (July 1, 2018 to June 30, 2019).

Funds under this NCA project may only be used for allowable costs. Examples of unallowable costs include, but are not limited to:

- Direct patient care;
- Construction/renovation of facilities;
- Activities that do not align with the intent of this cooperative agreement;
- Reserve requirements for state insurance licensure;
- Support for lobbying/advocacy efforts; and/or
- Conference sponsorship (note that content development of individual program sessions related to the NCA Project Work Plan is allowable) – refer to the *HHS Policy on Promoting Efficient Spending* linked below.

#### **1. Budget Information: Budget Details Form (Required)**

Complete the following in EHB **for the two remaining 12-month budget periods** (July 1, 2018 to June 30, 2019 and July 1, 2019 to June 30, 2020) in the NCA project period. Include only federal funds requested for the NCA project. Assume level funding when developing your FY 2019 Budget Details form.

**Recommended Federal Budget:** This figure is prepopulated at the top of the Budget Information: Budget Details form, and corresponds with the recommended future support figure (Item or Box 13) provided in your most recent NCA Notice of Award. The

Recommended Federal Budget total is provided for reference and is in read-only format – it may not be edited.

**Section A: Budget Summary:** The annual NCA funding request in the Federal column is prepopulated in read-only format and may not be edited. The Federal funding request equals the Recommended Federal Budget figure at the top of the Budget Information: Budget Details form.

**Section B: Budget Categories:** Provide a breakdown of the requested funds by object class category (e.g., Personnel, Fringe Benefits). You may use the SF-424A Budget Information Form included in your FY 2017 NCA application as a reference point, noting that the total value for each object class category may be different from year to year based on programmatic changes. The total in Section B should match the total in Section A.

The amounts in the Total Direct Charges row and the Total column will be calculated automatically. Indirect costs may only be claimed with an approved indirect cost rate (see details in the [Budget Narrative](#) section below).

**Section C: Non-Federal Resources:** Do not provide other sources of funding. Leave this section blank.

## 2. Budget Narrative (Required)

Upload a line item Budget Narrative in the Budget Narrative section in EHB. The Budget Narrative must explain the amounts requested for each row in Section B: Budget Categories of the Budget Information: Budget Details form (see the sample Budget Narrative on the [NCA Technical Assistance website](#)). Budget information must be provided **for the next 12-month budget period only** (July 1, 2018 to June 30, 2019). Include detailed calculations explaining how each line-item expense is derived (e.g., cost per unit).

Include the following in the Budget Narrative:

**Personnel Costs:** List each staff member to be supported by federal funds, and include the name (if possible), position title, percent full time equivalency (FTE), and annual salary. Federal funds may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II of the Federal Executive Pay scale (currently \$187,000 – see [Office of Personnel Management](#) website to verify the current Level II rate).

**Fringe Benefits:** List the components that comprise the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement). Fringe benefits must be directly proportional to the allocated personnel costs.

**Travel:** List expenses associated with travel for staff to attend or lead NCA related meetings, trainings, or workshops. List travel costs categorized by local and long-distance travel. For local travel, include the mileage rate, number of miles, and reason for travel, board and staff members traveling. Long-distance travel must include registration fees, cost for transportation, lodging, and per diem for each trip. More information, including per diem calculations, is available at <https://www.gsa.gov/travel/plan-book/per-diem-rates>.

**Equipment:** List equipment expenses necessary to achieve the project goals. Equipment means tangible personal property (including information technology systems), having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of your organization's capitalization level, or \$5,000.

**Supplies:** List the items necessary for implementing the proposed NCA project, separating items into two categories: office supplies (e.g., paper, pencils) and educational supplies (e.g., brochures). Equipment that does not meet the \$5,000 threshold listed above should be included here.

**Contractual Services:** Provide a clear explanation for the purpose of each contract, how the costs were estimated, and the specific contract deliverables. You are responsible for ensuring that your organization has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts. Individual contractors are subject to the same salary restrictions as personnel and their salaries must be listed in detail. Individuals who are clearly identified as consultants are not subject to the same salary limits, but must be clearly identified as consultants within the Budget Narrative.

**Other:** Include all costs that do not fit into any other category and provide an explanation of each cost (e.g., audit, legal counsel). In some cases, rent, utilities, organizational membership fees, and insurance fall under this category if they are not included in an approved indirect cost rate.

**Indirect Costs:** Costs incurred for common or joint objectives that cannot be readily identified but are necessary to organizational operation (e.g., facility operation and maintenance, depreciation, administrative salaries). Visit <https://rates.psc.gov/> to learn more about indirect cost rate agreements, including the process for applying for an agreement. If you claim indirect costs in your budget, you must upload a copy of your most recent indirect cost rate agreement under [Attachment 7: Other Relevant Documents](#).

HRSA recommends the following resources to facilitate development of an appropriate budget:

- The *HHS Grants Policy Statement*: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>

- The *HHS Policy on Promoting Efficient Spending*:  
<http://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/index.htm>.

#### Technical Assistance Contacts

ASSISTANCE NEEDED	PLEASE CONTACT
<b>General Technical Assistance</b>	The <a href="#">NCA Technical Assistance website</a> contains samples of forms, FAQs, and other resources.
<b>Budget/Fiscal Questions</b>	<b>Brian Feldman</b> Office of Federal Assistance Management Division of Grants Management Operations <a href="mailto:bfeldman@hrsa.gov">bfeldman@hrsa.gov</a> or 301-443-3190
<b>NCC Progress Report Requirements Questions</b>	<b>NCA Response Team</b> Submit a Web Request at: <a href="https://www.hrsa.gov/about/contact/bphc.aspx">https://www.hrsa.gov/about/contact/bphc.aspx</a> and for Issue Type select "Application/Progress Report: Instructions/Requirements Questions". For Application Issue Subcategory select "National Training and Technical Assistance Cooperative Agreements (NCA)" or call 301-594-4300
<b>EHB Submission Assistance</b>	<b>BPHC Helpline</b> Submit a Web Request at: <a href="http://www.hrsa.gov/about/contact/bphc.aspx">http://www.hrsa.gov/about/contact/bphc.aspx</a> Select "Application/Progress Report: EHB Systems Questions" or call 1-877-974-2742



## Appendix A: Instructions for FY 2017 NCA Progress Update

### Overview

EHB will prepopulate an FY 2017 NCA Progress Update form with the information submitted in the most recently approved FY 2017 Project Work Plan to facilitate reporting progress for the current budget period. Refer to the Sample NCA Progress Update form and the NCA EHB User Guide available on the [NCA Technical Assistance website](#) when completing this form.

Refer to Table 2 below for guidance on completing the editable fields and reporting work plan progress between July 1, 2017 and December 31, 2017. All fields with No in the “Is this Field Editable?” column are included in the Progress Update for your reference - they are locked in EHB and may not be edited.

**Table 2: NCA Progress Update – Guidance by Field**

Field	Is this Field Prepopulated?	Is this Field Editable?	About this Field
Goal	Yes	No	N/A (see <a href="#">Appendix C</a> )
Metric	Yes	No	N/A
Baseline Data	Yes	No	N/A
Baseline Narrative	Yes	No	N/A
Goal Target	Yes	No	N/A (target for 3-year project period)
Current Data	Varies	Varies	<p>If UDS data was prepopulated for Baseline Data, 2016 UDS Data will be prepopulated as the Current Data and this field will not be editable.</p> <p>If you provided your own Baseline Data, provide Current Data. You must provide this data to enable the % Progress Toward Goal field to prepopulate.</p>
% Progress Toward Goal Target	Yes	No	This field demonstrates the level of progress made towards the goal. EHB calculates this figure by dividing the Current Data by the Goal Target.

<b>Field</b>	<b>Is this Field Prepopulated?</b>	<b>Is this Field Editable?</b>	<b>About this Field</b>
Goal Target Progress (maximum 5,000 characters)	No	Yes	Provide a narrative description of progress toward the Goal Target, including challenges and actions already taken or planned to address them.
Impact Narrative	Yes	No	N/A (impact for 3-year project period)
Collaborative Partners (maximum 5,000 characters)	Yes	Yes	Update prepopulated information to note any changes to collaborative partners (e.g., HCCNs, NCAs) you are already engaging or plan to engage to achieve projected impact and Goal Target.
Formal T/TA Session Target	Yes	No	N/A (target for 3-year project period)
Formal T/TA Session Target Progress (maximum 5,000 characters)	No	Yes	Provide the number of formal T/TA sessions completed by December 31, 2017 and a narrative description of progress toward the Formal T/TA Session Target, including challenges and actions already taken or planned to address them.
Participation Target	Yes	No	N/A (target for 3-year project period)
Participation Target Progress (maximum 5,000 characters)	No	Yes	Provide the number of health center representatives who participated in formal T/TA sessions by December 31, 2017 and a narrative description of progress toward the Participation Target, including challenges and actions already undertaken or planned to address them.
Website Activity Target (Applies to Goal 5 for the National Resource Center NCA only)	Yes	No	N/A (target for 3-year project period)

<b>Field</b>	<b>Is this Field Prepopulated?</b>	<b>Is this Field Editable?</b>	<b>About this Field</b>
Website Activity Target Progress (maximum 5,000 characters)	No	Yes	Provide a narrative description of progress by December 31, 2017 toward establishing the National Resource Center website, including challenges and actions already undertaken or planned to address them.
Technical Assistance User Target (Applies to Goal 5 for the National Resource Center NCA only)	Yes	No	N/A (target for 3-year project period)
Technical Assistance User Target Progress (maximum 5,000 characters)	No	Yes	Provide a narrative description of progress by December 31, 2017 toward establishing access to T/TA resources at the National Resource Center website, including challenges and actions already undertaken or planned to address them.
Key Factor Type	Yes	No	N/A
Key Factor Description	Yes	No	N/A
Activity Audience	Yes	No	N/A
Activity Description	Yes	No	N/A
Person or Group Responsible	Yes	No	N/A
Timeline	Yes	No	N/A
Expected Outcome	Yes	No	N/A

Field	Is this Field Prepopulated?	Is this Field Editable?	About this Field
Comments	Yes	No	N/A
Activity Progress (maximum 5,000 characters)	No	Yes	<p>Describe progress toward completing each activity and achieving each expected outcome by December 31, 2017, including how it contributes to achieving the Goal.</p> <p>If there is no progress to report, provide a brief explanation.</p>

## Appendix B: Instructions for FY 2018 NCA Project Work Plan

### **Overview**

EHB will prepopulate an FY 2018 Project Work Plan form with the information submitted in the most recently approved Project Work Plan to facilitate updating your Project Work Plan for the upcoming budget period. Revise the editable fields in the prepopulated Project Work Plan as needed to outline activities planned for the FY 2018 budget period (July 1, 2018 – June 30, 2019). Refer to the Sample Project Work Plan and the NCA EHB User Guide available on the [NCA Technical Assistance website](#) when completing this form.

Refer to Table 3 below for guidance on completing the editable fields. All fields with No in the “Is this Field Editable?” column are included in the Project Work Plan for your reference - they are locked in EHB and may not be edited.

**Table 3: NCA Project Work Plan - Guidance by Field**

Field	Is this Field Prepopulated?	Is this Field Editable?	About this Field
Goal	Yes	No	N/A (see <a href="#">Appendix C</a> )
Metric	Yes	No	N/A
Baseline Data	Yes	No	N/A
Baseline Narrative	Yes	No	N/A
Goal Target	Yes	No	N/A (target for 3-year project period)
Current Data	Yes	No	N/A (prepopulated from FY 2017 Progress Update)
% Progress Toward Goal	Yes	No	N/A (prepopulated from FY 2017 Progress Update)
Impact Narrative (maximum 7,500 characters)	Yes	Yes	If necessary, update the description of overall impact of planned activities by the end of the project period (by June 30, 2020). Reference data sources used to determine the expected impact.

<b>Field</b>	<b>Is this Field Prepopulated?</b>	<b>Is this Field Editable?</b>	<b>About this Field</b>
Collaborative Partners (maximum 5,000 characters)	Yes	Yes	Update prepopulated information to note any changes to collaborative partners (e.g., HCCNs, NCAs) you anticipate for the upcoming budget period, to achieve the projected impact and Goal Target. For any new partners, describe their unique added value.
Formal T/TA Session Target	Yes	No	N/A (target for 3-year project period)
Participation Target	Yes	No	N/A (target for 3-year project period)
Website Activity Target (Applies to Goal 5 for the National Resource Center NCA only)	Yes	No	N/A (target for 3-year project period)
Technical Assistance User Target (Applies to Goal 5 for the National Resource Center NCA only)	Yes	No	N/A (target for 3-year project period)
Key Factor Type	Yes	No	N/A
Key Factor Description	Yes	No	N/A
Activity Name (maximum 200 characters)	No	Yes	Provide a unique name for each activity that can be used to quickly distinguish between similar activities.

Field	Is this Field Prepopulated?	Is this Field Editable?	About this Field
Activity Audience	Yes	Yes	<p>Update or identify the Activity Audience for each proposed activity:</p> <ul style="list-style-type: none"> <li>• <b>Learning collaborative</b> activities engage a subset of health centers to facilitate information exchange and support implementation of promising practices. These activities should inform national audience activities.</li> <li>• <b>National audience</b> activities engage health centers across the country and focus on disseminating information.</li> </ul>
Activity Description (maximum 7,500 characters)	Yes	Yes	<p>Update or delete/add activities to outline plans for the upcoming budget period, resulting in 4-10 activities under each Goal, with at least two activities for each Activity Audience. Describe major planned activities to be funded and conducted in the upcoming budget period that will address the Goal and lead to Goal Target attainment by the end of the 3-year project period.</p> <p>Activities for Year 3 of the project period will be described in a future progress report.</p> <p>*For Goals 6A, 6B, and 6C for the National Resource Center NCA type only, update or propose 2-4 activities with at least one activity for each pre-defined Activity Audience.</p>

Field	Is this Field Prepopulated?	Is this Field Editable?	About this Field
Person or Group Responsible (maximum 1,000 characters)	Yes	Yes	Update or identify the person, position, or group responsible for carrying out each activity.
Timeline (maximum 1,000 characters)	Yes	Yes	Update or provide a timeline for accomplishing each activity that demonstrates the activity will occur within the upcoming budget period.
Expected Outcome (maximum 7,500 characters)	Yes	Yes	Update or identify the principal outcome for each activity.
Comments (maximum 7,500 characters)	Yes	Yes	Update or include additional information relevant to the proposed activity, as desired.



## Appendix C: NCA Types and Required Goals and Measures

The tables below list the NCA types, and the required Goals and Metrics for each NCA type. No Goals and Metrics may be changed or added in this NCA NCC Progress Report.

<b><u>Special and Vulnerable Populations NCAs</u></b>
<ul style="list-style-type: none"> <li>• Special Population: People Experiencing Homelessness NCA</li> <li>• Special Population: Residents of Public Housing NCA</li> <li>• Special Population: Migratory and Seasonal Agricultural Workers NCA</li> <li>• Vulnerable Populations NCA</li> </ul>
<p><b>Goal 1: Increase access to care</b> Increase the number of special and vulnerable population patients served by health centers.</p>
<p><b>Goal 2: Improve health outcomes</b> Decrease the percentage of patients with A1c greater than 9 percent. <b>Note:</b> Baseline data is national Health Center Program patient data. Use other sections of the Project Work Plan (e.g., Key Factors, Activities) to indicate how special/vulnerable populations data differ from national data.</p>
<p><b>Optional Goal: Improve health outcomes for one of the following: hypertension control, colorectal cancer screening, or cervical cancer screening</b> If desired, NCAs proposed an additional goal to improve health outcomes specific to the needs of the special or vulnerable population of focus from the following options: hypertension control, colorectal cancer screening, or cervical cancer screening. <b>Note:</b> Baseline data is national Health Center Program patient data. Use other sections of the Project Work Plan (e.g., Key Factors, Activities) to indicate how special/vulnerable populations data differ from national data.</p>
<p><b>Goal 3: Promote health equity</b> Increase the number of health centers providing services or engaged in partnerships that address social determinants of health (SDOH), such as housing, education, employment, transportation, and food security.</p>

<b>Clinical Workforce Development – Pipeline NCA</b>
<p><b>Goal 1: Increase formal clinical pipeline development</b> Increase the percentage of health centers with formal programs to advance the education of health care professionals, either directly or through formal agreement with an external organization (e.g., pre- or post-doctoral academic programs, nursing programs, teaching health centers).</p>
<p><b>Goal 2: Increase the utilization of team-based practice models</b> Increase the percentage of health centers utilizing team-based practice models.</p>

<b>Clinical Workforce Development – Recruitment and Retention NCA</b>
<p><b>Goal 1: Increase the clinical workforce</b> Increase the number of full-time equivalent health center providers.</p>
<p><b>Goal 2: Develop a highly skilled, responsive, and sustainable clinical workforce</b> Increase the tenure of health center providers.</p>

<b>Capital Development and Growth NCA</b>
<p><b>Goal 1: Improve operations and infrastructure sustainability</b> Increase the capacity of health centers to plan and finance successful capital development projects.</p>
<p><b>Goal 2: Increase capital development partnerships to address social determinants of health (SDOH)</b> Increase the capacity of health centers to form non-traditional partnerships with organizations addressing SDOH (e.g., schools, senior centers, recreation centers, health departments, grocery stores, food banks).</p>

<b>Health Information Technology and Data NCA</b>
<p><b>Goal 1: Increase the electronic health record (EHR) capabilities and quality recognition</b> Increase the percentage of health centers with providers receiving Meaningful Use and other health IT related incentive payments due to their use of health center EHR systems. <b>Note:</b> Baseline data is national Health Center Program Meaningful Use data. Goals must include not only Meaningful Use data, but also data to be collected and tracked by the applicant, related to other incentive payments.</p>
<p><b>Goal 2: Increase health center utilization of EHRs to report on all Uniform Data System (UDS) clinical quality measure data for all the health center’s patients</b> Increase the percentage of health centers that used an EHR system to report all UDS clinical quality measures into the UDS and on the universe of its patients.</p>
<p><b>Goal 3: Promote health information technology (health IT) system transformation</b> Increase the percentage of health centers integrating advanced health IT to promote population health management.</p>

<b>Oral Health Care NCA</b>
<p><b>Goal 1: Expand and integrate high-quality oral health services</b> Increase the percentage of health center patients who receive oral health services at health centers.</p>
<p><b>Goal 2: Improve oral health outcomes</b> Increase the percentage of health center patients age 6-9 years at elevated risk for cavities who received a dental sealant on a permanent first molar tooth in the calendar year.</p>

<b>Medical-Legal Partnerships NCA</b>
<p><b>Goal 1: Increase or expand medical-legal partnerships</b> Increase the number of health centers that implement medical-legal partnerships to address social determinants of health.</p>
<p><b>Goal 2: Advance health equity by addressing the social determinants of health</b> Increase the number of patients screened for social and environmental needs affecting health outcomes with appropriate, documented follow-up.</p>

<b>National Resource Center for Health Center Training and Technical Assistance NCA</b>
<p><b>Goal 1: Advance organizational excellence at health centers</b> Increase the number of health centers assisted via collection and dissemination of evidence-based or promising practices in the areas of governance, strategic planning, quality improvement/quality assurance, financial performance, and new health center development.</p>
<p><b>Goal 2: Promote improved clinical outcomes</b> Increase the percentage of health centers that meet or exceed national benchmarks for patients with A1c at or less than 9 percent.</p>
<p><b>Goal 3: Promote health center leadership development to drive clinical and operational improvement</b> Increase the number of health center executive staff (CEO, COO, CFO, CD, CIO) that complete leadership development training.</p>
<p><b>Goal 4: Increase operational workforce competency through effective training strategies</b> Increase the number of operational health center staff receiving training to support development within their positions (e.g., billing, coding, administration, health IT).</p>
<p><b>Goal 5: Establish and operationalize a T/TA resource clearinghouse to increase access to T/TA resources</b> Increase the accessibility of T/TA resources through the development, maintenance, and promotion of a publicly available clearinghouse of all Health Center Program-related T/TA resources.</p>
<p><b>Goal 6A: Develop a Continuous Health Center Learning System: Create and administer a national health center needs assessment to inform the work of all NCAs</b> Increase the number of health centers and stakeholders that respond to a national needs assessment conducted in Year 2 of the 3-year project period.</p>
<p><b>Goal 6B: Develop a Continuous Health Center Learning System: Convene face-to-face planning sessions with technical assistance partners (e.g., NCAs, PCAs) to review and respond to the national needs assessment</b> Increase coordination of technical assistance partners and implementation of needs assessment feedback through face-to-face planning meetings in Years 1 and 3 of the three-year project period.</p>

**Goal 6C: Develop a Continuous Health Center Learning System: Evaluate and disseminate results of national health center needs assessment**

Develop an evaluation plan to collect ongoing feedback from T/TA users on the quality and usefulness of T/TA resources that includes evaluation, dissemination, and implementation of results.

**Goal 7: Advance value-based practice transformation at health centers**

Increase the number of health centers receiving training and support in practice transformation to facilitate participation in value-based payment and other sustainable business models.