

OMB No. 0930-0xxx

Expiration Date: xx/xx/xx

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## **RECOMMENDED REPORT OUTLINE**

### **Section I: Grantee Information**

Name of CSAT Government Project Officer:

Federal Grantee Number:

Project Name:

Name of the Grantee Organization:

Project Director:

Project Coordinator:

Start Date for Grant:

End Date of Grant:

Current Date:

Evaluator:

Office and Project Site Address:

Date/s Report Completed:

Program Length of Stay:

Program Number of Children Allowed to Reside in Residential Treatment with Mother:

### **Instructions:**

All questions refer to the period of performance from the start date of the grant to the end date of the grant. Please use data from your local evaluation and Government Performance and Results Act (GPRA) reporting to respond to questions where possible, keeping the dates of service consistent. Provide data with respect to your population(s) of focus, including sub-populations (e.g., race, ethnicity, federally recognized tribe, language, and socioeconomic characteristics). Please note the attachment with guidelines for reporting race and ethnicity. Please also indicate the source of the data (e.g., from your GPRA data, state or epidemiological data, provider

records). The report can discuss the population of focus and its relationship to your geographic catchment area and other relevant factors.

**Section II: Women**

**Data sources used** (e.g., locally designed instruments, screening and/or assessment tools, case notes, GPRA, local evaluation data): \_\_\_\_\_

**Time period reported** \_\_\_\_\_

1. Number of pregnant and postpartum women who entered the program, by pregnancy status (i.e. trimester or postpartum) at intake.

- a. First Trimester \_\_\_\_\_
- b. Second Trimester \_\_\_\_\_
- c. Third Trimester \_\_\_\_\_
- d. Postpartum \_\_\_\_\_

2. Number of women enrolled in program who delivered infants. \_\_\_\_\_

3. Number of women served through the program by age and race/ethnicity.

Age of Woman	Race/Ethnicity					
	Hispanic or Latino	AI/AN	Asian	Black or African American	Nat. Hawaiian or Other Pacific Islander	White
12-17						
18-25						
More than 26 years of age						

4. Number of mothers screened for Fetal Alcohol Syndrome (FASD).  
 \_\_\_\_\_ Number screened positive \_\_\_\_\_

5. Number of children screened with Fetal Alcohol Syndrome (FASD).  
 \_\_\_\_\_ Number of children screened positive \_\_\_\_\_

6. Number of women who screened positive for depression, anxiety, and other mental disorders.

Positive Screen \_\_\_\_\_

7. Number of women who self-reported for depression, anxiety, and other mental disorders.

Self-Report \_\_\_\_\_

8. Number of women who used tobacco by pregnancy status (i.e., trimester or postpartum).

- a. First Trimester \_\_\_\_\_
- b. Second Trimester \_\_\_\_\_
- c. Third Trimester \_\_\_\_\_
- d. Postpartum \_\_\_\_\_

9. Number of women who used alcohol by pregnancy status (i.e., trimester or postpartum).

- a. First Trimester \_\_\_\_\_
- b. Second Trimester \_\_\_\_\_
- c. Third Trimester \_\_\_\_\_
- d. Postpartum \_\_\_\_\_

10. Number of women who used illicit substances other than alcohol by pregnancy status (i.e., trimester or postpartum).

- a. First Trimester \_\_\_\_\_
- b. Second Trimester \_\_\_\_\_
- c. Third Trimester \_\_\_\_\_
- d. Postpartum \_\_\_\_\_

What instrument do you use to assess illicit substances use?

\_\_\_\_\_

11. Number of women discharged by Length of Stay and Treatment Status.

Length of Stay	Completed Treatment	Terminated Treatment
<30 days		
31-60 days		
61-90 days		
91-120 days		
121-150 days		
151-180 days		
More than 180 days		

12. Number of women discharged by Type of Living Arrangement and Treatment Status.

Living Arrangement	Completed Treatment	Terminated Treatment
Returned to home		
Living with relatives		
Shelter		
Homeless		
Unknown		

13. Number of women in residential treatment who received trauma-informed care and pregnancy status (i.e., trimester or postpartum).

- a. First Trimester \_\_\_\_\_
- b. Second Trimester \_\_\_\_\_
- c. Third Trimester \_\_\_\_\_
- d. Postpartum \_\_\_\_\_

**Section III: Children**

**Data sources used** \_\_\_\_\_

**Time period reported** \_\_\_\_\_

14. Number of children to whom the mother had given birth at time of intake by age, gender, and racial/ethnic origin:

Age of Children	Gender		Race/Ethnicity					
	Male	Female	Hispanic or Latino	AI/AN	Asian	Black or African Am.	Nat. Hawaiian. or OPI	White
Birth to 3								
Ages 4-6								
Ages 7-10								
Ages 11-17								

15. Number of children born to women after admission into the program, by gender and by race/ethnic origin.

Age of Children	Gender		Race/Ethnicity					
	Male	Female	Hispanic or Latino	AI/AN	Asian	Black or African Am.	Nat. Hawaiian. or OPI	White
Birth to 3								
Ages 4-6								
Ages 7-10								
Ages 11-17								

16. Number of children who resided with their mothers (excluding children born during the program), by age, gender, and race/ethnicity.

Age of Children	Gender		Race/Ethnicity					
	Male	Female	Hispanic or Latino	AI/AN	Asian	Black or African Am.	Nat. Hawaiian. or OPI	White
Birth to 3								
Ages 4-6								
Ages 7-10								
Ages 11-17								

17. Number of children who did not reside with mothers but received services in the program; by age, gender, and race/ethnicity.

Age of Children	Gender		Race/Ethnicity					
	Male	Female	Hispanic or Latino	AI/AN	Asian	Black or African Am.	Nat. Hawaiian. or OPI	White
Birth to 3								
Ages 4-6								
Ages 7-10								
Ages 11-17								

18. Number of children receiving medication assisted treatment (MAT). \_\_\_\_\_
19. Number of children removed from the mother's custody. \_\_\_\_\_
20. Number of children reunified with their mothers during treatment. \_\_\_\_\_
21. Number of children with open reunification cases for mother. \_\_\_\_\_
22. Number of children reunified with their fathers. \_\_\_\_\_
23. Number of children with open reunification cases for father. \_\_\_\_\_
24. Number of children screened for Fetal Alcohol Syndrome (FASD). \_\_\_\_\_
25. Number of children diagnosed with FASD. \_\_\_\_\_
26. Number of children served in residence who use/d tobacco. \_\_\_\_\_

**Section IV: Fathers and Other Adults**

**Data sources used** \_\_\_\_\_

**Time period reported** \_\_\_\_\_

27. Number of fathers and other supportive male adults who received services from the program, by racial and ethnic origin.

Supportive Male	Race/Ethnicity					
	Hispanic or Latino	AI/AN	Asian	Black or African American	Nat. Hawaiian or Other Pacific Islander	White
Biological Father						
Father Figure						
Other Supportive Male						

28. Number of other supportive female adults (e.g., grandmothers, aunts) who received services from the program, by racial and ethnic origin.

Supportive Female	Race/Ethnicity					
	Hispanic or Latino	AI/AN	Asian	Black or African American	Nat. Hawaiian or Other Pacific Islander	White
Grandmother						
Aunt						
Sister						
Other Supportive Female						

29. How many fathers, father figures or other supportive male adults reported having experienced trauma? \_\_\_\_\_

How is this information collected? \_\_\_\_\_

30. How many fathers, father figures, or other supportive adults are addicted (have substance use disorders) to drugs or alcohol? \_\_\_\_\_

How is this information collected? \_\_\_\_\_

31. Number of other adults screened for Fetal Alcohol Syndrome (FASD). \_\_\_\_\_

32. Number of other adults diagnosed with Fetal Alcohol Syndrome (FASD). \_\_\_\_\_

33. Number of family members who use tobacco:

- a. Biological mothers \_\_\_\_\_
- b. Biological fathers \_\_\_\_\_
- c. Grandparents \_\_\_\_\_
- d. Father figures \_\_\_\_\_
- e. Siblings \_\_\_\_\_
- f. Mentors \_\_\_\_\_
- g. Other supportive adults \_\_\_\_\_

## Section V: Core Services and Evidence-based Practices (EBPs)

**Data sources used** \_\_\_\_\_

**Time period reported** \_\_\_\_\_

Core services include: intensive case management, child care, mental health services, substance use treatment, relapse prevention, psycho-education groups with family members to build a bridge for when the client returns, support groups for families and multi-family groups.

Evidence-based practices are services, practices, and techniques that have been tested and shown to be effective. EBPs include: celebrating families, nurturing families, seeking safety, TREM, beyond trauma, others as approved in RFA response.

Services to engage children and family members who do not live in residential center: family case management, outreach, home visits, bring children to facility to spend weekend or overnight with mother, family night activities, work with foster families who may resist reunification, family therapy over the phone, “Understanding Dads” programs to help mothers value the fathers’ roles and help fathers understand the value of co-parenting.

33. Which of the following core services were delivered by the residential services provider on-site to pregnant or postpartum women, their children, fathers of children, and other adult family members, family groups (indicate types of participants)? Please indicate which services are third party reimbursable.

Core Service	Delivered On-site (Y/N)	Third Party Reimbursable (Y/N)
<b>Women</b>		
Intensive Case Management		
Child Care		
Mental Health Services		
Relapse Prevention		
Psycho-Education Groups		
Multi-Family Groups		
Support Group for Family		
Trauma-Informed Care		
Other – specify		
<b>Fathers, Partners, Others</b>		
Outreach		
Father-initiative program		
Staff Specific for Fathers		
Others		

34. Which of the following core services were delivered by providers in the system of care (but not the residential services provider) to pregnant or postpartum women, their children, fathers, and other adult family members? Please indicate which services are third party reimbursable.

Core Service	Delivered Off-site (Y/N)	Third Party Reimbursable (Y/N)
<b>Women</b>		
Intensive Case Management		
Child Care		
Mental Health Services		
Relapse Prevention		
Psycho-Education Groups		
Multi-Family Groups		
Support Group for Family		
Trauma-Informed Care		
Other – specify		
<b>Fathers, Partners, Others</b>		
Outreach		
Father-initiative program		
Staff Specific for Fathers		
Others		

35. Which of the following supplemental/recovery support services were provided onsite and/or in the community? Please indicate which of the following are third party reimbursable.

**Women**

<b>Service</b>	<b>Delivered On-site (Y/N)</b>	<b>Delivered in the Community (Y/N)</b>	<b>Third Party Reimbursable (Y/N)</b>
Outreach, engagement, pre-treatment			
Detoxification			
SA education, treatment, relapse prevention			
Medical, dental, other health services			
Postpartum health care including medication needs			
Parenting education and intervention			
Home management and life skills training			
HIV/AIDS, hepatitis testing, treatment, and related issues			
Employment readiness; job training			
GED and other education services			
Peer-to-peer recovery support; mentoring, coaching			
Transportation and other wrap-around services			

### **Children**

<b>Service</b>	<b>Delivered On-site (Y/N)</b>	<b>Delivered in the Community (Y/N)</b>	<b>Third Party Reimbursable (Y/N)</b>
Screening and development diagnostic assessments of infants at birth through developmental trajectories of children			
Prevention assessment and interventions related to mental, emotional, and behavioral wellness			
Mental health care that includes trauma-informed system assessments, interventions, and skill building services			
Developmental services (e.g., child care, counseling, play and art therapy, occupational, speech, and physical therapy)			
Primary and pediatric health care services including immunization, treatment of environmental effects of parental SA, or neglect			
Social services, including financial supports and health care benefits			
Educational and recreational services			

### **Family, including Fathers, Partners, and Other Supportive Adults**

<b>Service</b>	<b>Delivered On-site (Y/N)</b>	<b>Delivered in the Community (Y/N)</b>	<b>Third Party Reimbursable (Y/N)</b>
Family-focused programs to support family strengthening and reunification, including			



parenting education and interventions, and social or recreational activities			
Alcohol and drug education and referral services for substance use treatment			
Mental health promotion and assessment, prevention and treatment services in a trauma-informed context.			
Social services, including home visiting, education, vocational, employment, financial, and health care services.			

**Case Management**

<b>Service</b>	<b>Delivered On-site (Y/N)</b>	<b>Delivered in the Community (Y/N)</b>	<b>Third Party Reimbursable (Y/N)</b>
Coordination and integration of services and support with navigating systems of care to implement individualized and family service plans.			
Assess and monitor the extent to which required services were provided and are appropriate for women, children, and family members.			
Discharge planning and follow-up care for mother and children.			
Assistance with community reintegration, before and after discharge, including referrals to appropriate services and resources.			
Connection to safe, stable, and affordable housing that can be sustained over time.			

36. Number of pregnant and postpartum women, fathers, and other adult family members who received parenting classes or instruction and number of hours provided.

<b>Recipient of Parenting Classes</b>	<b># Receiving Parenting Classes</b>	<b># of Hours of Parenting Classes Received</b>
Pregnant Mother		
Postpartum Mother		
Father		
Other Adult Family Member		
Other Supportive Adult		

37. Number of pregnant and postpartum women, fathers, and other adult family members who received family therapy and number of hours of family therapy provided.

<b>Recipient of Family Therapy</b>	<b># Receiving Family Therapy</b>	<b># of Hours of Family Therapy Received</b>
Pregnant Mother		
Postpartum Mother		
Father		

Other Adult Family Member		
Other Supportive Adult		

38. Number of pregnant and postpartum women, fathers, and other adult family members who received substance abuse education/treatment, and number of hours of education provided.

<b>Recipient of Substance Abuse Education/Treatment</b>	<b># Receiving SA Education/Treatment</b>	<b># of Hours of SA Education/Treatment</b>
Pregnant Mother		
Postpartum Mother		
Father		
Other Adult Family Member		
Other Supportive Adult		

39. Please briefly describe efforts to incorporate trauma-informed approaches into treatment service delivery.

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40. Number of women and other family members and supporters who received or were referred for trauma-informed care.

<b>Recipient of Trauma-Informed Care Services</b>	<b># Receiving Onsite Trauma Informed Care Services</b>	<b># Receiving Referral for Trauma Informed Care Services</b>
Pregnant Mother		
Postpartum Mother		
Father		
Other Adult Family Member		
Other Supportive Adult		

Please briefly describe the type/s of interventions received.

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### **Evidence-Based Practices (EBPs)**

41. Number of women who received the following types of evidence-based services (EBPs) and practices by pregnancy status (i.e., pregnant and postpartum):

<b>EBPs Service</b>	<b>Pregnant</b>	<b>Postpartum</b>
Screening		

Assessment		
Intervention		
- Type		
- Type		
- Type		

42. Briefly describe the EBPs that were used for each population of focus (e.g., mothers, older children, and fathers). Include any modifications the program made, the reasons for the modifications.

<b>Population</b>	<b>EBP Used</b>	<b>Modification/s</b>
Mothers		
Children Residing in Program		
Children not in Residence		
Fathers		
Other Supportive Adults		

Please briefly describe the impact of the modifications of the EBPs on the populations of focus.

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43. Please briefly describe how the EBPs will help address disparities in subpopulations while retaining fidelity to choose practice demographics (e.g., race, ethnicity, gender, age, sexual identity, disability)?

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44. Please briefly describe how you are defining and operationalizing family/youth/other family member involvement in the implementation of the EBPs.

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**Barriers Encountered Working Between Systems of Care**

45. What barriers did you encounter working between systems of care (i.e., transportation, aftercare hand offs, available workforce for referrals)?

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46. How were you able to overcome these barriers?

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47. Please describe the step by step process for enrolling women into treatment after detox.

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48. What barriers, if any, did you experience with CPS/Foster Care Systems?

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49. What strategies did you use to address the barriers experienced with CPS/Foster Care systems?

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**Section VI: Staffing**

**Data sources used** \_\_\_\_\_

**Time period reported** \_\_\_\_\_

50. Number and types of direct staff associated with the project.

<b>Staff Title</b>	<b>Total</b>	<b># Hired for Project</b>	<b># Located On-site</b>
Project Manager/ Women’s Coordinator			
Case Manager/ Child’s Coordinator			
Family Case Manager			
Transportation Coordinator			
Master’s Level Clinician			
Nurse Manager			
Administrative Assistant			
Personal Care Coordinator			
Cook/House Manager			
Day Care Worker			

51. Labor hours and wage rates (this information will be kept confidential) for staff involved with PPW, by type of staff. See above. What is listed below is staff who are not on site.

<b>Staff Title</b>	<b>Average Labor Hours per Week</b>	<b>Average Wage Rate</b>
Project Manager/ Women’s Coordinator		
Case Manager/ Child’s Coordinator		
Family Case Manager		
Transportation Coordinator		
Master’s Level Clinician		
Nurse Manager		
Administrative Assistant		
Personal Care Coordinator		
Cook/House Manager		
Day Care Worker		
Clinical Director		
Project Director		
Intake Coordinator		
IT Director		
HR Coordinator		
Finance Director/Accounting		
Billing Manager		

52. Number of staff who received training, by type of training and number of hours.  
 Type of currently employed staff trained in providing each EBP.

<b>EBPs Service</b>	<b>Type of Staff Trained</b>	<b># of Staff Trained</b>	<b># of Hours of Training</b>
Screening			
Assessment			
Intervention			
- Type			
- Type			
- Type			

53. Type and number of currently employed staff who train other local staff on how to provide each EBP.

<b>EBPs Service</b>	<b>Type of Staff Providing Training</b>	<b># of Persons Trained</b>	<b># of Hours of Training Provided</b>
Screening			
Assessment			
Intervention			
- Type			
- Type			
- Type			

54. Please include the total cost of training for staff. \_\_\_\_\_

55. Please include other direct costs (e.g., rent, utilities, supplies). \_\_\_\_\_

**Section VII: Process Questions**

**Data sources used** \_\_\_\_\_

**Time period reported** \_\_\_\_\_

56. Please briefly discuss ways in which the program addressed the needs of your population(s) of focus, including sub-populations (e.g., race, ethnicity, federally recognized tribe, language, socioeconomic characteristics). The answer may discuss the population of focus and its relationship to your geographic catchment area and other relevant factors.

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57. Please briefly describe the primary achievements of the grant.

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58. Please briefly describe the major impediments you encountered and how each were addressed.

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59. What activities most promoted positive outcomes with women? Fathers? Other Adult Family Members?

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60. What strategies have been successful in engaging mothers and family members in services outside of the residential facility? What were the biggest successes?

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61. What activities were used to promote collaboration with system of care grantees or other federal initiatives made the single largest impact?

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62. How is your program using data to promote service improvement?

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63. How did your program use data to promote community engagement?

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64. What additional comments do you have about the impact of your program on your community and the system of care?

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65. What factors and approaches do you think led to meaningful and relevant results (e.g., meeting target numbers, providing access to a system of care)?

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66. What other funding sources have been used for the residential treatment and ancillary services (e.g., Medicaid, State funds)? What percentage of these funds supported residential treatment and what percentage supported ancillary services?

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67. What policies most impacted reimbursement for services?

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68. How are you planning to sustain services beyond the grant? What changes to the program do you anticipate in order to maintain the program? For example, for what additional funding are you hoping to apply (e.g., State or Federal grants)? To what extent do you expect that resources such as Medicaid, health care exchanges, State funds, and private donations will assist in sustaining your programs?

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69. What other program or facilities sources have been used for treatment and ancillary services (e.g., Health Homes, Federally Qualified Health Centers, etc.)? What percentage of women received services or were treated at Health Homes or FQHCs?  
Note: Numbers should be unduplicated.

<b>Services Site</b>	<b>Served</b>	<b>Percent</b>
Health Home		
FQHC		