OMB Approval Number: 0970-0490
Expiration date: XX/XX/XXXX

Attachment B-01a

RPG Services

Instructions: Please use this attachment (and the table below) to provide information about each service you plan to implement or are implementing as part of your RPG program. If the services you plan to implement differ from those described in the prior reporting period, please indicate what, if any, changes you are making, and describe why these changes are occurring in the section of the table that is relevant to the change. Complete one table for each service, adding tables within this document as necessary. Below are definitions for each section of the table. Put in "NA" for any sections that are not applicable.

Service Focus/Content: Briefly describe the topics covered (e.g., child growth and development, effective discipline, anger management, problem solving skills, establishing boundaries) and other activities (e.g., screening to identify whether child needs trauma-focused services)

Name of program model/curriculum, if used. If a specific program model or curriculum (e.g., Seeking Safety, Nurturing Parenting Programs, Motivational Interviewing) is used to provide the service, please provide the name. If the model/curriculum has multiple versions, please indicate which version is being used.

Is this an evidence-based program or practice (EBP)? That is, does existing research show that the program or practice is effective? Please answer yes, no, or don't know.

Court-ordered vs. voluntary: Indicate whether participants are court-ordered to participate in the service or if they enroll voluntarily

Target population: Briefly describe the population that will receive the service (e.g., children ages 0-5 in foster care; mothers of child welfare involved, dependent children enrolled in a residential substance abuse program).

Eligibility criteria: Briefly describe the criteria used to determine eligibility to receive the service (e.g., adolescents between the age of 13 and 18 of child welfare involved families who score above [cutoff point] on [assessment name])

Mode of delivery: Briefly describe how the service is delivered (e.g., home visits, group sessions, one-on-one therapy, virtual, telehealth)

Dosage: Briefly describe how frequently the service will be provided, the length of each interaction, and the length of time the participant will receive the service (e.g., children will attend 45-minute therapy sessions once a week for six weeks, or one-time activity or a service that continues throughout the program)

Target outcomes: Briefly describe outcomes targeted by the service (e.g., decreased parental stress, increased family functioning, decreased externalizing behavior by child)

Planned adaptations: Describe any adaptations/enhancements planned for the service (e.g., the curriculum was designed for children birth to five, but will be extended to children up to age 10)

Implementing agency: Indicate which organization will be providing the service

Interaction with developer: Please describe the interaction, if any, you have had with the developers of the services you selected over the reporting period. For example, have you consulted with the program developer, received training or technical assistance on the service, been certified to provide the service, been monitored by the developer, received approval for any adaptations you are making to the model, etc.? If you were providing the service prior to RPG, please describe any interactions with the developer that you may have had as you began implementing the service.

Proportion of RPG participants expected to enroll and use service(s): Please estimate the proportion of enrollees in RPG you expect to enroll in or use this particular service using the categories provided. If the service is not expected to be provided to all RPG participants, explain why (such as provided only to those with specific needs or who complete other program components, or specialized program to address certain situation/condition)

Funding source(s): Please indicate the source or sources used to fund this service, including RPG funds or funds from other grantee or partner sources. Please select all funding sources that apply. For example, if a service is funded entirely by RPG, select only "RPG." If a service is funded with a combination of RPG funding and funding from another grantee source (for example, from the child welfare agency, the substance abuse and mental health block grant, or Medicaid reimbursement), select "RPG" and "Other from/through grantee."

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Name of Service or Activity	
Service Focus/Content	
Name of program model/curriculum, if used	
Is this an evidence-based program or practice (EBP)?	____ Yes _____ No _____Don't know
Court-ordered vs. voluntary	
Target population	
Eligibility criteria	
Mode of delivery	
Dosage	
Target outcomes	
Planned adaptations	
Implementing agency	_____ Grantee _____ Partner (specify which partner)
Interaction with developer	
Proportion of RPG participants expected to enroll/use service(s)	_____ All _____ Most _____ Some _____ A few If not "all," please describe why.
Funding source (check all that apply)	_____ RPG _____ Other from/through grantee _____ Other from/through partner