



# HUB Expansion and Replication Annual Report

Please record the number of clients served by the project in each demographic category

This report is for the year ending November 30, 2016

Agency Name

Dates of Quarter:

- November 30, 2016

Project Name

Grant/Contract #

Total number of **1st trimester** moms enrolled this year

Total number of 2nd trimester moms enrolled this year

Total number of moms enrolled this year

Total number of 3rd trimester moms enrolled this year

## SECTION 1: Demographics (For total number of moms served this year)

A. Number of new persons served this quarter (please report the number of unduplicated participants who received direct services through this project)

A (1). Age in Years														
		<1	1-5	6-10	11-14	15-19	20-24	25-34	35-44	45-54	55-64	65-75	>75	Total
Sex	Female													
	Male													
Total														

**FOR SECTIONS B through F, REPORT TOTAL NUMBER OF MOMS SERVED THIS YEAR**

B. Race and Ethnic Background

- African American
- African - List Country:
- Asian:
  - Cambodian
  - Hmong
  - Laotian
  - Vietnamese
  - Japanese
  - Chinese

- Hispanic:
  - Mexican American
  - Puerto Rican
  - Other
- White/Non Hispanic
- Native American

C. Insurance

- Private
- Public
- Uninsured



## HUB Expansion and Replication Annual Report

Please record the number of clients (infants) served by the project in each demographic category

This report is for the year ending November 30, 2016

Agency Name

Dates of Quarter: - November 30, 2016

Project Name

Grant/Contract #

Total number of infants born this year

Total number of infants that died this year

### SECTION 1: Demographics (For total number of infants born this year)

#### A. Number of infants served this year (please report the gender of unduplicated babies)

##### A (1). Age in Years

		<1	1-5	6-10	11-14	15-19	20-24	25-34	35-44	45-54	55-64	65-75	>75	Total
Sex	Female													
	Male													
Total														

**FOR SECTIONS B through C, REPORT FOR TOTAL NUMBER OF INFANTS BORN THIS YEAR**

#### B. Race and Ethnic Background

- African American
- African - List Country:
- Asian: Cambodian
- Hmong
- Laotian
- Vietnamese
- Japanese
- Chinese

- Hispanic:
- Mexican American
- Puerto Rican
- Dominican Republican
- Native American
- White - Non Hispanic
- Other - Please List:

#### C. Insurance

- Private
- Public
- Uninsured

D. Household Income					
		< \$9,999	\$10,000 - \$14,999	\$15,000 - \$24,999	>\$25,000
Number of Persons in Household	1				
	2				
	3				
	4				
	5+				

- |   |                            |
|---|----------------------------|
| E. Last Interaction With Health Care System | F. Service Most Often Used |
| Less than 3 months                          | Emergency Room             |
| 3 - 6 months                                | Family Physician           |
| 6 months - 1 year                           | Health Center/ Clinic      |
| 1 year or more                              | Traditional Healer         |

**Instructions**

This report is a compilation of individual client demographic records.

Filling in Section I: Demographics is a mandatory requirement for all Commission-funded projects. Methods of collecting this information on individual clients may vary from agency to agency. The information requested for this section represents the MINIMUM reporting requirement. All items reported by an agency must remain CONSISTENT with those appearing on this form.

**Annual report:**

- A. Age in Years: Report the total number of unduplicated project clients indicating the number served by age and gender during the year.
- B. Race/Ethnicity: Report the total number of clients served by self-reported race or ethnicity. Please note, for example, the total number of Asian or Hispanic clients and then the total number by appropriate sub-group. The total of each sub-group must equal the total for the appropriate racial/ethnic group.
- C. Insurance: Indicate the number of clients having public coverage, private coverage or no coverage. Report the number covered for the entire year and those covered for some part of the year.
- D. Household Income: Report the total number of clients in each income range by number of persons in the household.
- E. Last Interaction with Health Care System: Report each client's last interaction with any health provider excluding their first contact with this project.
- F. Service Most Often Used: Report the service most often used by project clients.

By signing below, we certify that the information contained in this report is, to the best of our knowledge, correct and reflective of the project's program records.

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Project Director

\_\_\_\_\_  
Date

## SECTION II: Program Summary

Dates of Period: - 11/30/16 Grant/Contract #

Agency Name:

Project Name:

- 
1. State the approved project goals and objectives. Each objective must be listed and reported on separately. Under each objective, provide specific details on activities conducted during this reporting period, including outcomes for the quarter AND the year to date. Add pages as needed.

### EXAMPLE OF REPORT FORMAT FOR EACH OBJECTIVE.

**Goal 1:** Replicate [New] or Expand [Existing]the Pathways Community HUB

**Objective 1.1** By the end of first quarter, ABC Agency will have 10 key staff attend and participate in the Pathways Model training. Agency ABC will train all 10 HUB care coordination agencies.

**Approach:** Agency ABC will require all key staff to attend the training and train all HUB care coordination agencies.

**Activity:** As of November 30, 2016, 9 of 10 (90% and 90% YTD) of Agency ABC key staff attended the HUB training. [If not all key staff were trained, state reason and expected training completion date for remaining key staff]. Agency ABC held its HUB model training meetings with 9 of 10 (90% and 90% YTD) care coordination agencies on [Enter Date(s) Here]. [If not all HUB care coordination agencies were trained, state the reason and expected training completion date for remaining care coordination agencies].

Next, list Goal 1, Objective 1.2 and its ANNUAL outcome. Repeat until each goal and its associated objectives have been summarized for the quarter.

2. Describe any barriers encountered and resolutions to accomplishing project goals and objectives during this reporting year. Describe at least one program success.
3. What collaborations and resources (people or other financial) were used to reach the target population? Describe successes or problems experienced.
4. Are there values, attitudes, or practices in the community which have positively or negatively affected the implementation of the project?
5. Describe how goals and objectives will be met in the next year.

6. Describe any aspects of the program that are different from those which were originally proposed. Include staffing, relocation, hours of operation, new or dissolution of contracts, scope of service changes, etc. **(This must be completed)**
7. If you participated in media opportunities, specifically list the name of the newspaper and date of publication (enclose clippings), t.v. stations, etc., and how you measured the impact of this activity (i.e., did you receive referrals, etc.).
8. Please list the number and dates of mentoring phone calls and face to face meetings held during the year. If the minimum number of calls and face to face meetings did not happen, please explain why and the mechanism to attain meetings up and the minimum number of calls and face to face meetings in the next year.

### **SECTION III: Program Evaluation Status Report Form**

1. Provide an annual evaluative overview of program progress utilizing the data from the program summary. Evaluation is both quantitative and qualitative. Please discuss program intervention methods, and the degree to which each objective was achieved by clients and the HUB. The discussion must include the above detail for each goal and each objective.
  
2. What did the data analysis show that resulted in a change in program implementation this year?
  
  
  
  
  
  
  
3. Discuss client service outcomes and pathways based on data from within the CCS data system. What are the program implications as evidenced through the data reported? In your discussion, please include:
  - Initiated Pathways (Number of women in this status)
  - Pathways in Process (Number of women in this status)
  - Incomplete Pathways (Number of women who have dropped out)
  - Completed Pathways (Number of women in this status)

Please use the Pathways report from the beginning of your grant up through November 30, 2016.

4. Community Health Workers must be trained to motivate and engage mothers to participate in all identified pathways, as needed and as determined through assessment. Describe training efforts to address the importance of motivational interviewing to as a means to determine pathway openings and closures.
  
  
  
  
  
  
  
5. How did you ensure that Community Health Workers opened all needed pathways, despite the degree of difficulty to close? What were your missed opportunities to ensure mothers were engaged in all needed pathways? What strategies will the HUB put in place to increase pathway enrollment going forward?
  
  
  
  
  
  
  
6. It has been documented that there is very high need among the HUB target population for housing, employment, education, smoking, post-partum visits and behavioral health. What was the rationale for the comparatively low number of pathways open for these social determinants?

SECTION III: Program Evaluation Status Report Form- Continued.  
Add extra pages as needed.



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Add extra pages as needed.

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Add extra pages as needed.

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Add extra pages as needed.

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Signature of Evaluator

Date