Agency Name & Subcontract No.

**Home Visiting & Doula Network**

**Narrative Quarterly Report**

**Complete Version**

|  |
| --- |
| Directions: The HV&DN Quarterly Narrative Report can be found in an electronic version at http://www.opfibti.org. If there is no response for a particular question, please select N/A where appropriate or indicate "No updates", "Not applicable", or "No activity in this quarter". Please reflect and enter responses to questions #8 and #11, as these are the two questions that address the quality of life within the program. Please be sure to submit all pages of this form.  **FY25 Quarter #: 2 4** |

**SECTION I. SUBCONTRACT COMPLIANCE**

1. **Staff Changes**: If there were any new hires, terminations, leaves of absences, or ongoing vacancies in the program during the last quarter, please complete the chart below.

N/A

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **New Hires** | **Name/Position** | **Person Replacing** | | **Start Date** | |
|  |  | |  | |
|  |  | |  | |
| **Terminations** | **Name/Position** | **Last Date of Employment** | | | |
|  |  | | | |
|  |  | | | |
| **Ongoing Vacancies** | **Position** | **Person who last held position** | | **Date position became vacant** | |
|  |  | |  | |
|  |  | |  | |
| **Leaves** | **Name/Position** | **Date leave began** | **Anticipated date leave will end (if known)** | | **Type of leave\*** |
|  |  |  | |  |
|  |  |  | |  |

\*P-paid out of contract funds, I-paid for by disability or other non-contract funds, U-unpaid

**Program Narrative Quarterly Report**

1. **Program Contact Updates: Please use the tables below to update any contact information** for your program, including changes to the contacts listed in your Program Abstract.

No changes

**SERVICE AGENCY PRIMARY SERVICE SITE**

**Agency Name:**       **Program Name:**

**Street:**       **Street:**

**City:**       Z**ip:**       **City:**       Z**ip:**

**Phone:**       **Fax:**       **Phone:**       **Fax:**

**E-mail:**       **E-mail:**

**Executive Contact Program Management Contact**

**Name/Title:**       **Name/Title:**

**Street:**       **Street:**

**City:**       **Zip:**       **City:**       **Zip:**

**Phone:**       **Fax:**       **E-mail:**

**E-mail:**       **Phone:**       **Fax:**

Add contact  Replace existing contact  Add contact  Replace existing contact

**Effective date:**       **Effective date:**

**Direct Service Supervisor Fiscal Contact**

**Name/Title:**       **Name/Title:**

**Street:**       **Street:**

**City:**       **Zip:**       **City:**       **Zip:**

**Phone:**       **Fax:**       **Phone:**       **Fax:**

**E-mail:**       **E-mail:**

Add contact  Replace existing contact  Add contact  Replace existing contact

**Effective date:**       **Effective date:**

**DataPoints/MIS Contact**

**Name/Title:**

**Street:**

**City:**       **Zip:**

**Phone:**       **Fax:**

**E-mail:**

Add contact  Replace existing contact

**Effective date:**

**Program Narrative Quarterly Report**

1. **Factors Affecting Program Services**: List anything (besides staffing) you would like us to know about that has had an impact on services reported in DataPoints.

No Change

4. **Participant Recruitment**:Please describe efforts this quarter to recruit and enroll new participants. Please include information on outreach efforts, and new referral partnerships, and describe any barriers encountered with participant recruitment activities.

1. Please provide an update on any current research projects, program expansion, or other innovations (including Moving Beyond Depression, Home Visiting to Homeless Families, and/or the Cook County Jail Pilot) happening in your program. Please include any program modifications, challenges, or successes the program is experiencing because of these enhancements.

**Program Narrative Quarterly Report**

1. Describe any deaths to participants (child or adult) in your Start Early program this quarter.

N/A

1. If you are you still working with the family or processing the death with staff, please describe the work being done.

B. Do you need any additional support or resources in this area?

1. Describe any DCFS report that program staff became aware of in the quarter (even if alleged incident occurred prior to this quarter) **where the alleged victim of abuse or neglect was a child of a family served in the program**. State whether the person who reported the abuse or neglect was program staff or another source. If known, state the outcome of the investigation (indicated, unfounded, or pending). Describe the nature of the alleged abuse or neglect. If the program was not the source of the report, describe how report came to the attention of the program staff. Please make sure to include all the information requested above.

A. Do you need any additional support or resources in this area?

1. **Staff Development**

A. Optional: List non-Start Early training or in-service workshops attended by staff, and the sources of those trainings.

N/A

B. List comments, questions, or current issues regarding the use of the Website for the Professional Learning Network.

N/A

C. List requests you have of Start Early/HV&DN staff including technical assistance, training, materials, etc.

**Program Narrative Quarterly Report**

1. **Community and Service Access Issues**: List all barriers to serving pregnant and parenting families and their children under age five that your program has encountered this quarter, i.e., problems experienced at the DHS local office, policies that exclude the most vulnerable families, or resource limitations.

N/A this quarter

See last quarterly report – same issues exist

New information to report – see below

1. **Services to Short-Term Participants**: Describe the nature and extent of services provided to participants and families not formally enrolled in the program.

1. Please provide the percentage of participants served only by a Start Early funded Doula this quarter that were simultaneously served by a non-Start Early funded home visiting program.

1. **Program Experience**: Describe observations of or lessons learned about the participants, their families, and the communities in which services are provided.

**Program Narrative Quarterly Report**

1. **Advocacy Efforts on Behalf of Participants**: List and explain all legislative contacts or activities conducted this quarter. This may include meetings, calls, or letters to legislators, legislative information that was shared with parents, or advocacy training for staff and/or parents.

None this quarter

1. **Public Relations**: List and attach all media contacts made during this quarter. Please submit electronic copies of printed or published materials to your Program Advisor.

None this quarter

**Program Narrative Quarterly Report**

1. **Program Success or Anecdote**: Describe a story of a participant who has benefited from the program**.**

1. **Innovation**: Describe ideas for new program development or new approaches to enhance current HV&DN services.

**Program Narrative Quarterly Report**

1. **Outstanding DataPoints Issues**: Please list any chronic, unresolved issues the program is experiencing related to DataPoints equipment, DataPoints connectivity, or needs for DataPoints technical assistance/training. Please describe any communication with the DataPoints team related to the issue(s).

1. **DataPoints Functioning**: Please identify any unresolved issues experienced during the quarter related to DataPoints and reporting program activity/data. Please describe any communication with the DataPoints team related to this issue.

1. Describe any changes that you would like to see in DataPoints in the future.

1. Please describe any other technology issues or needs the site is experiencing related to the implementation of the HV&DN program.

**Program Narrative Quarterly Report**

**SECTION II. HOME VISITING**

1. Describe one home visit during the quarter that demonstrates how the program focuses on the **parent-child relationship** **and one other HV&DN outcome** from the following list:

* Self-sufficiency
* Child’s Health/Development/Well-Being
* Teen’s Health/Development/Well-Being
* Delay of Subsequent Birth

Please select a different outcome for each of the two quarterly narratives written during the fiscal year.

Describe how planning/preparation/debriefing occurred, as well as the topic and materials used.

**Program Narrative Quarterly Report**

**SECTION III. CLINICAL/INFANT MENTAL HEALTH SERVICES**

N/A (Only sites funded for Infant Mental Health services need complete this section)

1. **Work with Families** – Briefly describe services provided by the IMH Clinician to HV&DN families during the previous two quarters. Please assign each family a separate number and use the same number if the family is listed on subsequent reports during the fiscal year so that we can determine an unduplicated number served. **Do not list participant names**.

|  |  |  |
| --- | --- | --- |
| **Participant** | **# of Sessions** | **Nature of work**  **(a brief narrative description of focus of work, e.g. maternal depression, infant regulatory issues, etc.)** |
| **#1** |  |  |
| **#2** |  |  |
| **#3** |  |  |
| **#4** |  |  |

1. **Staff Consultation** - Describe IMH consultation provided to staff over the last two quarters.

# of Individual case consultations

# of Case staffings attended

# of Staff trainings

Other (please describe other types of staff consultation provided and numbers of each type):

1. **Other Services** - Please describe any other services (e.g., parent groups, etc.) provided to the program by the IMH Clinician during the last two quarters. List numbers of each type of activity (if group, indicate the number of group sessions, indicate if one-time event, etc.).

**Program Narrative Quarterly Report**

**SECTION IV. GROUP SERVICES**

N/A (Only programs providing group services complete this section)

1. **Prenatal or Parenting Groups**: Describe one group session from this quarter that demonstrates how the program focuses on the **parent-child relationship and one other HV&DN outcome** from the following list:

* Self-sufficiency
* Child’s Health/Development/Well-Being
* Teen’s Health/Development/Well-being
* Delay of Subsequent Birth

Please select a different outcome for each of the two quarterly narratives written during the fiscal year.

Describe how planning/preparation/debriefing occur, as well as the topic and materials used. Please attach a copy of the Quarterly Narrative Topic Calendar.

**Program Narrative Quarterly Report**

**SECTION V. HEART TO HEART**

N/A (Only sites funded for Heart to Heart complete this section)

Heart to Heart Start Date:

1. Number of Sessions:
   1. Who facilitated H2H?
   2. What parent-child activities were used?
   3. How many participants were members of a previous year’s Heart to Heart group?

* 1. Describe the role and nature of clinical supervision provided to staff in addressing issues that arose during Heart to Heart this year.
  2. Describe the nature of any disclosures of abuse and the steps taken by staff on referrals and follow through on referrals given.
  3. Describe the nature of the community project conducted by the Heart to Heart group or reasons it was not implemented.
  4. Please list suggestions for revisions to the Heart to Heart program or curriculum.

1. Attach any printed materials related to Heart to Heart that were produced (e.g., graduation invitations, graduation programs).

**Program Narrative Quarterly Report**

**SECTION VI. DOULA SERVICES**

N/A (Only sites funded for Doula services complete this section)

1. Briefly describe the coordinated work (Doula, HV/ PE, PGSC) provided to one participant who delivered within the quarter. Include prenatal, labor and delivery, as well as post-partum involvement.
2. Describe the program activities accomplished by the Doulas this quarter other than home visits and assisted births (e.g., collaboration meetings, prenatal groups).
3. Describe challenges and successes in providing Doula services encountered this quarter.
4. Discuss the efforts and type of contacts made between other community services, the linkage contacts and agency staff for clinical support that occurred this quarter. Include any contacts made with hospitals.
5. List community organizations that provide ongoing services for participants receiving short term Doula services.