Subcontract No. 2017 -

**ILLINOIS BIRTH TO THREE INSTITUTE**

**Program Narrative Quarterly Report (PTS-Doula)**

**Complete Version**

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| Directions: The IBTI Program Narrative Quarterly Report can be found in an electronic version at http://www.opfibti.org. Please note that questions appearing on separate pages need to stay on separate pages due to the information being shared within the Ounce. 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". The IBTI program staff strongly encourages you to reflect and enter something for Questions #8 and #11, as these are the two questions that address the quality of life within the program.  Submit all pages of this form. |

**SECTION I. SUBCONTRACT COMPLIANCE**

Please submit, either electronically or via hard copy, a current organizational chart that shows the Agency’s overall operations. The IBTI funded program should be clearly labeled. (2nd Quarter only)

1. **Staff Changes**: If there were any new hires, terminations, leaves of absences, or ongoing vacancies in your 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

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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**

**Agency Name:**

**Street:**

**City:**       Z**ip:**

**Phone:**       **Fax:**

**E-mail:**

**PRIMARY SERVICE SITE**

**Program Name:**

**Street:**

**City:**       Z**ip:**

**Phone:**       **Fax:**

**E-mail:**

**Executive Contact**

**Name/Title:**

**Street:**

**City:**       **Zip:**

**Phone:**       **Fax:**

**E-mail:**

Add contact  Replace existing contact **Name and effective date:**

**Program Management Contact**

**Name/Title:**

**Street:**

**City:**       **Zip:**

**Phone:**       **Fax:**

**E-mail:**

Add contact  Replace existing contact **Name and effective date:**

**Staff Development Contact**

**Name/Title:**

**Street:**

**City:**       **Zip:**

**Phone:**       **Fax:**

**E-mail:**

Add contact  Replace existing contact **Name and effective date:**

**Fiscal Management Contact**

**Name/Title:**

**Street:**

**City:**       **Zip:**

**Phone:**       **Fax:**

**E-mail:**

Add contact  Replace existing contact **Name and effective date:**

**Fiscal Report Contact**

**Name/Title:**

**Street:**

**City:**       **Zip:**

**Phone:**       **Fax:**

**E-mail:**

Add contact  Replace existing contact **Name and effective date:**

**OunceNet/MIS Contact**

**Name/Title:**

**Street:**

**City:**       **Zip:**

**Phone:**       **Fax:**

**E-mail:**

Add contact  Replace existing contact **Name and effective date:**

**Agency Technology Contact**

**Name/Title:**

**Street:**

**City:**       **Zip:**

**Phone:**       **Fax:**

**E-mail:**

Add contact  Replace existing contact **Name and effective date:**

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 OunceNet reports.

No Change

4. Please provide an update on any current research projects (i.e., Doula RCT, MIHOPE, etc.), program expansion, or other innovations happening in your program. Please include any program modifications, challenges, or successes the program is experiencing as a result of these enhancements.

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1. Describe any deaths to Doula participants (child or adult) this quarter.

N/A

A. 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 your 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.

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

1. **Staff Development**

A. Optional: List non-Ounce 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 Web site for the Ounce Training Institute.

N/A

C. List requests you have of Ounce/IBTI staff including technical assistance, training, materials, etc.

N/A

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1. **Community and Service Access Issues**: List all barriers to serving pregnant and parenting teens and their children under age five that your program has encountered this quarter. (For example, this may include problems experienced at the DHS local office, policies that exclude needy families, or resource limitations.)

N/A this quarter

See last quarterly report – same issues exist

New information to report – see below

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

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1. **Advocacy Efforts on Behalf of Participants**: List and explain all legislative contacts or activities conducted this quarter. (For example, 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. Mail copies of printed or published materials to Ounce’s Chicago Office.

None this quarter

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1. **Program Success or Anecdote**: Describe a story of a participant who has benefited from your program.
2. **Innovation**: Describe ideas for new program development or new approaches taken to enhance current PTS-Doula services.

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1. **Outstanding OunceNet Issues**: Please list any chronic, unresolved issues the program is experiencing related to OunceNet equipment, OunceNet connectivity, or needs for OunceNet technical assistance/training. Please describe any communication with the OunceNet team related to the issue(s).
2. **OunceNet Functioning**: Please identify any unresolved issues experienced during the quarter related to the OunceNet and reporting program activity/data. Please describe any communication with the OunceNet team related to this issue.
3. Describe any changes you would like to see in the OunceNet in the future.
4. Please describe any other technology issues or needs the site is experiencing related to the implementation of the IBTI program.

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**SECTION II. DOULA SERVICES**

1. Briefly describe the coordinated work (Doula, HV, PGS) provided to one participant who delivered within the quarter. Include prenatal, labor and delivery, and 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 encountered in providing Doula services 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.
6. List Chicago Public Schools attended by participants receiving Doula services.

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**SECTION III. GROUP SERVICES & COMMUNITY EDUCATION**

1. **Prenatal Groups**: Describe one Prenatal Group session from this quarter that demonstrates how your program focuses on the **parent-child relationship and one other IBTI 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 you write during the fiscal year.

Describe how planning/preparation/debriefing occur, as well as the topic and materials used. Please attach a calendar of events.

1. **Community Education**: List the topics and activities of community education events held during the quarter. Community education events are events utilized to promote your program or to keep the community informed about program activities. Examples include, but are not limited to, presentations to high schools, maternity fairs, health fairs, agency open houses, etc. If you have any questions about whether or not an event is considered community education, please contact your Program Manager or Program Advisor.

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**SECTION IV. 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?
   4. Describe the role and nature of clinical supervision provided to staff in addressing issues that arose during Heart to Heart this year.
   5. Describe the nature of any disclosures of abuse and the steps taken by staff on referrals and follow through on referrals given.
   6. Describe the nature of the community service project conducted by the Heart to Heart group or reasons it was not implemented.
   7. Please list suggestions for revisions to the Heart to Heart program or curriculum.
2. Attach any printed materials related to Heart to Heart that were produced (e.g., graduation invitations, graduation programs).