



## HUB Expansion and Replication Quarterly Report

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

This report is for the \_\_\_\_\_ quarter

Agency Name \_\_\_\_\_

Dates of Quarter: \_\_\_\_\_ - \_\_\_\_\_

Project Name \_\_\_\_\_

Grant/Contract # \_\_\_\_\_

Total number of **new** mothers served this quarter \_\_\_\_\_

Total number of mothers returning this quarter \_\_\_\_\_

Total number of mothers served this quarter \_\_\_\_\_

### SECTION 1: Demographics (note: only record the number of NEW persons served this quarter)

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 NEW PERSONS SERVED THIS QUARTER ONLY**

**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 Quarterly Report

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

This report is for the \_\_\_\_\_ quarter

Agency Name \_\_\_\_\_

Dates of Quarter: \_\_\_\_\_ - \_\_\_\_\_

Project Name \_\_\_\_\_

Grant/Contract # \_\_\_\_\_

Total number of **new** infants served this quarter

Total number of infants returning this quarter

Total number of infants served this quarter

### SECTION 1: Demographics (note: only record the number of NEW persons served this quarter)

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 NEW PERSONS SERVED THIS QUARTER ONLY**

**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**

- Less than 3 months
- 3 - 6 months
- 6 months - 1 year
- 1 year or more

**F. Service Most Often Used**

- Emergency Room
- Family Physician
- Health Center/ Clinic
- 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.

**BY QUARTER, report:**

- A. Age in Years: Report the total number of unduplicated project clients indicating the number served by age and gender during the reporting period.
- 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.

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Signature of Executive Director

Date

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Signature of Project Director

Date

## SECTION II: Program Summary

Dates of Period: - Grant/Contract #

Agency Name:

Project Name:

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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 the first quarter, 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 quarterly activity as completed above. Repeat until each goal and its associated objectives have been summarized for the quarter.





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

1. Provide an evaluative overview of program progress to date utilizing the data from the program summary. Evaluation is both quantitative and qualitative. Please discuss program intervention methods, and assess the degree to which intended objectives are achieved by clients or the agency.
2. What did the data analysis show that resulted in a change in program implementation this quarter?
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 feel free to insert a CCS data report that reflects this data.

4. Further to the above please discuss the following in the evaluative summary:  
Are all required program areas, per the RFP, being implemented? If not, provide reason and discuss a plan to correct and evaluate progress in the next quarter.

What quarterly mandatory clinical participant data did the grantee collect and report on to determine quarterly behavior outcomes?

What continuous quality improvement (CQI) plans were implemented this quarter? Discuss impact of CQI findings to date.

5. Has the agency provided information to the data system in a timely manner? If not, why and discuss a plan to correct in the coming quarter.

**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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Signature of Evaluator

Date