

**HEALTH AND HUMAN SERVICES COMMISSION  
CONTRACT NO. HHS000110400002  
AMENDMENT NO. 1**

THE HEALTH AND HUMAN SERVICES COMMISSION (“HHSC” or “System Agency”) and ALCOHOL AND DRUG ABUSE COUNCIL OF DEEP EAST TEXAS (“Grantee”), each a “Party” and collectively the “Parties,” to that certain Parenting Awareness and Drug Risk Education services (“PADREs”) Contract, effective September 1, 2020 and denominated HHSC Contract No. HHS000110400002 (“Contract”), now desire to amend the Contract.

WHEREAS, the Parties desire to amend the Contract in accordance with ATTACHMENT D, UNIFORM TERMS & CONDITIONS, SECTION 9.01 (AMENDMENT), of the Contract;

WHEREAS, the Parties desire to revise the Statement of Work; and

WHEREAS, the Parties desire to update the Contract Manager contact information and to correct the Order of Precedence.

NOW, THEREFORE, the Parties modify the Contract as follows:

1. ARTICLE VIII, CONTRACT REPRESENTATIVES, of the Signature Page of the Contract is amended to update System Agency contact information to the following:

**System Agency**

Health and Human Services Commission  
909 W45th Street, Bld 555 (MC 2058)  
Attention: Marcellus K Crayton, Contract Manager

2. ATTACHMENT A, STATEMENT OF WORK, of the Contract is deleted and replaced in its entirety with ATTACHMENT A, REVISED STATEMENT OF WORK (REVISED JUNE 2021).

3. ATTACHMENT A-1, STATEMENT OF WORK SUPPLEMENTAL, of the Contract is deleted and replaced in its entirety with ATTACHMENT A-1, REVISED STATEMENT OF WORK SUPPLEMENTAL (REVISED JUNE 2021).

4. ARTICLE V, ORDER OF PRECEDENCE, of the Signature Page of the Contract is deleted and replaced with the following:

**V. ORDER OF PRECEDENCE**

In the event of any conflict or contradiction between or among the documents that comprise the Contract, the documents will control in the following order of precedence:

**ATTACHMENT G - DATA USE AGREEMENT  
ATTACHMENT A - REVISED STATEMENT OF WORK (REVISED JUNE 2021)  
ATTACHMENT A-1 - REVISED STATEMENT OF  
WORK SUPPLEMENTAL (REVISED JUNE 2021)**

**ATTACHMENT B - BUDGET**

**ATTACHMENT J - INDIRECT COST RATE (INDIRECT COST RATE AGREEMENT)**

**ATTACHMENT E - SPECIAL CONDITIONS**

**ATTACHMENT C - GENERAL AFFIRMATIONS**

**ATTACHMENT D - UNIFORM TERMS AND CONDITIONS**

**ATTACHMENT H - SYSTEM AGENCY SOLICITATION NO. HHS0001104 INCLUDING  
ANY CLARIFICATIONS OR MODIFICATIONS MADE IN RESPONSE  
TO QUESTIONS SUBMITTED DURING POSTING AND ANY  
ADDENDUM**

**ATTACHMENT I - GRANTEE'S PROPOSAL FOR SOLICITATION NO. HHS0001104**

5. This Amendment shall be effective as of the date last signed below.
6. Except as modified by this Amendment, all terms and conditions of the Contract shall remain in effect.
7. Any further revisions to the Contract shall be by written agreement of the Parties.

**SIGNATURE PAGE FOLLOWS**

**HHSC CONTRACT NO HHS000110400002  
SIGNATURE PAGE FOR AMENDMENT NO. 1**

**HEALTH AND HUMAN SERVICES COMMISSION ALCOHOL AND DRUG ABUSE COUNCIL OF DEEP  
EAST TEXAS**

DocuSigned by:  
*Sonja Gaines*  
147CCA4134D941B...  
Sonja Gaines

SG

Date of Signature: August 17, 2021

DocuSigned by:  
*Phyllis Grandgeorge*  
85340639A2F64DA...  
Phyllis Grandgeorge

Executive Director

Date of Signature: August 17, 2021

**THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS AMENDMENT AND THEIR TERMS ARE  
HEREBY INCORPORATED INTO THE CONTRACT:**

**ATTACHMENT A – REVISED STATEMENT OF WORK (REVISED JUNE 2021)  
ATTACHMENT A-1 – REVISED STATEMENT OF WORK SUPPLEMENTAL  
(REVISED JUNE 2021)**

**ATTACHMENT A  
REVISED STATEMENT OF WORK  
(REVISED JUNE 2021)**

**I. PURPOSE**

The Parenting Awareness and Drug Risk Education Services (PADREs) provides community-based intervention services, brief case management and evidenced-based education to individuals who are of childbearing age to decrease the impact of substance use.

**GOAL**

Grantee will provide a planned and coordinated educational approach to decrease the effects of substance use within the family and to increase access to community resources and evidenced-based education.

**II. GRANTEE RESPONSIBILITIES**

**A. ADMINISTRATIVE RESPONSIBILITIES**

Grantee will:

1. Provide Parenting Awareness and Drug Risk Education Services (PADREs) for at-risk families.
2. Increase accessibility to intervention services by maintaining locations, hours, and days of service that best meet the needs of the target population.
3. Ensure no waitlist for any level of PADREs. If there is a need for a waitlist, contact HHSC for assistance in maintenance and/or technical assistance.
4. Document specified activities and services in System Agency Clinical Management for Behavioral Health Services (CMBHS) system in accordance with the Contract and instructions provided by System Agency, unless otherwise noted.
  - a. Maintain all documents that require participant or staff signature in physical record form for review by HHSC.
  - b. Upload documentation that is handwritten and not transcribed into the CMBHS record.
  - c. Administer the PADREs Screening Tool in CMBHS as part of participant identification, recruitment, and engagement when appropriate.
5. In addition to providing services at their own program site, provide services in external community organization sites serving the target population.
6. Provide access to services for participants referred by Department of Family and Protective Services (DFPS) within three business days.
7. Directly provide referral to intervention services or another appropriate community program.
8. Provide services to expectant parents and/or parents who are concurrently admitted to substance use disorder treatment programs if the services are coordinated and sequenced to avoid duplication of service and assist in discharge from treatment setting.
9. Offer overdose prevention education for participants receiving intervention services as indicated on the participant's assessment.

1. Offer tobacco cessation services for participants receiving intervention services as indicated on the participant's assessment.
2. Provide home visits as needed and as appropriate.
3. Assist with transportation and supervision of the participants' children during activities as needed and as appropriate.
4. Ensure at minimum the Program Director attend all System Agency scheduled conference calls.
5. Establish and maintain working linkages through Memorandums of Understanding (MOUs) with a resource network of external community organization sites serving the target population and their families. MOUs will encourage networking, coordination, and referrals to help address the needs of the participants, their families, and supportive allies. MOUs will be in place within six months of initial funded fiscal year and maintain as current through the contract term. Grantee will maintain copies of the signed MOUs on file for System Agency review upon request.
  - a. MOUs will include:
    - i. Purpose;
    - ii. Goals and desired outcomes of partnership;
    - iii. Referral process, coordination of services and sharing of information;
    - iv. Address the non-duplication of services;
    - v. Be reviewed annually; and
    - vi. Signed, individualized, and will contain beginning and end dates;
6. Provide all services in a trauma-informed, culturally competent, and developmentally appropriate manner for participants, families and partners as evidenced by:
  - a. Pamphlets and other written materials that are gender- and age-specific and appropriate for educational and health literacy levels of the target population;
  - b. Literature and signage in languages of the target populations;
  - c. Use of interpreters as appropriate;
  - d. Lobby and office environment welcoming to the target population;
  - e. Staff training curricula; and
  - f. Personnel records that document adherence to staff competency requirements.
7. Perform one coordinated Annual Review of target population's trends and epidemiological statistics between service types to ensure that appropriate outreach and prevention education activities are conducted in the most appropriate settings and targeting the current service needs of the target populations due within the first quarter of each state fiscal year.
8. Develop and maintain written policies and procedures for the following:
  - a. Employees, contracted labor, and volunteers who work directly or indirectly with participants, to address participant safety;
  - b. Definition of participant engagement and the circumstances under which the participant's case would be opened and closed;
  - c. Address participant safety and ensure all activities with participants, family members, and supportive allies are conducted in a respectful, non-threatening, non-judgmental, and confidential manner.

- a. Grantee will adhere to the System Agency-approved Quality Management requirements as reflected in the Special Conditions of this Contract.
- b. Make policies and procedures available upon System Agency request.
9. Conduct and document criminal and employment background checks and pre-employment drug testing of Grantee's staff who will deliver direct services. Documentation criminal and employment background checks and pre-employment drug testing will be kept on file for System Agency review.
10. Have a webpage on Grantee's website that includes PADREs offered and current contact information specific to the program. Grantee will adhere to System Agency Branding and any electronic accessibility requirements in the Uniform Terms and Conditions and the System Agency's Special Conditions.

**B. PARENTING AWARENESS AND DRUG RISK EDUCATION SERVICES (PADREs) RESPONSIBILITIES**

Grantee will:

1. Screen the needs of each participant upon entry into the PADREs education program and maintain documentation of this service requirement onsite for System Agency review. The screening will address the following:
  - a. Substance use;
  - b. Mental health;
  - c. Intimate partner violence risks and history of sexual, emotional, or physical abuse and other interpersonal violence;
  - d. Health and wellness care (including preventive/reproductive care);
  - e. Financial resource needs including transportation, child care and housing;
  - f. Education (including GED) and employment; and
  - g. Any needs of the participant's children (such as safety and health items).
2. If opened for PADREs, develop and document a service plan in collaboration with the participant based on the needs identified in participant's assessment.
3. Provide at minimum **4 hours** per employee per week of drop-in time where participants can present without appointment with needs including information and referrals as needed and as appropriate.
4. Distribute community-level risk-reduction education, tools, and materials (i.e., condoms, testing materials).
5. Distribute individual-level risk-reduction education and tools targeting people who use substances, including overdose prevention and tobacco cessation education, information, and materials applicable to the target population.
6. Distribute pregnancy test and education regarding high-risk sexual behavior in the outreach activities.
7. Provide to participant factual and accurate information about the following items:
  - a. Current infant and/or child safety guidelines;
  - b. Fetal and/or child development;
  - c. Family violence and safety planning;
  - d. Pregnancy and reproductive health;
  - e. Substance exposed pregnancy education including alcohol, tobacco; and other drug;

and

- a. Communicable disease.
8. Provide evidenced-based parenting education at minimum to cover the following: substance use, misuse, risky use and medication management and the effects on the family.
9. Provide certificates with positive outcomes between the pre- and post-test evaluation which will be completed by all successful participants. Evidence-based parenting education programs will be chosen by the Grantee.
10. Ensure that the group education curriculum, schedule, and number of sessions required for completion is adaptive to each individual in order to allow for completion of course. Participation in group education is not a requirement for remaining open to services.
11. Group education and case management may be provided in person, video conference, or a combination of the two.
12. Group education does not require a minimum number of topics or hours of group attendance. Program should be adaptive to client's needs as identified in the screening and documented in the service plan.
13. Ensure clients who are not suitable for group sessions or who elect to not attend group sessions are given the opportunity to complete the education topics or a similar curriculum via self-paced with their case manager. Participants will complete pre- and post-test and will receive credit for completion of parenting education course work.
14. Ensure case manager meets or follows up with clients on caseload weekly or as needed.
15. Ensure PADRES staff is at minimum participating on one community-based event per month to promote services. This may include presentations to groups of clients or staff at other programs, participation in resource or health fairs, other events hosted by PADRES to promote to eligible individuals who are not currently open to services. This does not include one on one meetings with other program staff or clients in the community, peer led supportive groups or alternative activities.
16. Conduct alternative activities to promote healthy life styles and family bonding. Alternative activities are group activities and events outside of educational group time. Alternative activities should be open to all eligible participants and their families for sober socialization, entertainment, artistic and creative expression, skill building and to foster a supportive community around the program.
17. Ensure any Alternative Activity with costs above \$250 has prior approval from System Agency by coordination with SME.
18. Provide advocacy and support system which is peer-led by past participants, and/or an individual from the target population to promote a positive peer culture at the program.
19. Document intervention activities in CMBHS using the following components for each participant receiving intervention services as appropriate:
  - a. Client Profile;
  - b. PADRES Screening;
  - c. Open Case;
  - d. Close Case (when intervention services are complete);
  - e. Consent for Release of Information (including revoke consent when appropriate);
  - f. Service Plan that includes problems to be addressed, goals and intended outcomes;
  - g. Referral and Referral Follow-up to document all referrals;
  - h. Psychoeducational Note to document group education activities;
  - i. Progress Note to document one-on-one counseling and case management activities that

- are tied to the service plan;
  - j. Life Event Note (as appropriate after delivery) in CMBHS; and
  - k. Administrative Note to document any other activities.
20. Provide or arrange and advocate for appropriate social services for participants and their families and/or significant others that may include:
- a. Health and wellness education and nutritional counseling;
  - b. Transportation;
  - c. Licensed child care;
  - d. Substance abuse services;
  - e. Mental health counseling;
  - f. Legal counseling;
  - g. Rehabilitative services;
  - h. Child welfare and family services;
  - j. Housing; and
  - k. Support groups
21. Document internally all educational opportunities and will document at minimum the following per opportunity: date, time, location, setting, duration, name of person performing educational opportunity, number of individuals participating including at minimum adult/youth and gender. Maintain documents for System Agency review.

### **III. STAFFING AND STAFF COMPETENCIES**

1. Grantee shall hire and ensure that the person overseeing PADREs staff and programmatic activities on a day to day basis, for the purposes of this contract be known as a Program Director, allocates a minimum of fifty (50) percent of time to PADREs direct care to meet program measures as defined in Attachment A-1. This is a time approximation based on self-report in Quarterly Narrative, CMBHS entry and other client documentation. Program must coordinate with SME for approval if this requirement cannot be met. If program cannot meet requirement, program will participate in technical assistance with SME in order to return to compliance.
2. Staff conducting PADREs programmatic services must meet **one** of the following minimum qualifications:
  - a. Two years' experience in behavioral health field of study including substance use disorders; or
  - b. Associate degree in a behavioral health field of study; or
  - c. Qualified Credentialed Counselor (QCC); or
  - d. Appropriately supervised Licensed Chemical Dependency Counselor (LCDC) Intern, or Licensed Professional Counselor (LPC) Intern, Certified Criminal Justice Addiction Professionals-Applicant (CCJP-A), Licensed Marriage and Family Therapist Associate (LMFTA), or similar license or certifications. If a similar license or certification is held by staff, then HHSC approval is needed.
3. Within 90 days of hire, all PADREs program staff will receive training in the following:
  - a. Parenting Training Course of Grantee's choice;
  - b. Be knowledgeable and competent in discussing communicable diseases associated with substance use/abuse and be able to demonstrate ability to address concerns openly and comfortably about sexual and substance abuse risk behaviors;



- c. Principles of Harm Reduction at <http://harmreduction.org/about-us/principles-of-harm-reduction/>
- d. “Addressing Adverse Childhood Experiences through Trauma-Informed Care” found at Texas Health Steps at <https://www.txhealthsteps.com/courses-list>
- e. “Preconception Health: Screening and Intervention” found at Texas Health Steps at <https://www.txhealthsteps.com/courses-list>
- f. “Prenatal Health: Screening and Intervention” found at Texas Health Steps at <https://www.txhealthsteps.com/courses-list>
- g. “Recognizing, Reporting and Preventing Child Abuse,” found at Texas Health Steps at <https://www.txhealthsteps.com/courses-list>
- h. “Trauma Informed Care Training” and “Reporting Suspected Abuse and Neglect of a Child: A Guide for Professionals”, found at DFPS Training at <https://www.dfps.state.tx.us/training/>
- i. Part 8 of the Addiction Society of Addiction Medicine (ASAM) National Practice Guideline <https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf>
- j. Fetal Alcohol Spectrum Disorder (FASD) course
- k. Reducing Stigma Education Tools (ReSET) found at <https://vbhc.dellmed.utexas.edu/courses/course-v1:ut+cn01+2020-21/about>

In the event the above trainings are unavailable, Grantee may substitute with trainings of their choice. Grantee will present training plan to System Agency SME for approval.

4. Ensure all direct care staff receive a **minimum** of 10 hours of training during each state fiscal year, on any combinations of the topics listed below. The trainings can be completed by using any type of medium outlet at the discretion of the Grantee.
  - a. Stages of Change;
  - b. Motivational Interviewing (MI) techniques;
  - c. Cultural competency;
  - d. Health literacy;
  - e. Risk- and harm-reduction strategies;
  - f. Substance abuse and trauma issues;
  - g. Community outreach;
  - h. Aspects of prenatal and postpartum care;
  - i. Overdose prevention education;
  - j. Tobacco cessation education;
  - k. Ethics; or
  - l. Education on Substance Use and Misuse
5. Ensure PADREs direct care staff and Program Director attend the annual Neonatal Abstinence Syndrome (NAS) symposium as available.

#### **IV. GUIDANCE ON ALLOWABLE COSTS**

Grantee will:

1. Provide the following as applicable:
  - a. Participant-centered public health education materials focused on the target population including but not limited to overdose prevention information and

- tools;
  - b. Reproductive health education and materials;
  - c. Family violence and safety materials, harm reduction tools; and
  - d. Hygiene kits for the target population.
2. Ensure appropriate harm- and risk-reduction information, methods, and tools are used by educators with the target populations.
  3. Ensure all educators under this Contract have the tools and materials available during education activities for demonstration and appropriate distribution to participants.
  4. Grantee will ensure that the total cost of participant-centered supplies or assistance will not exceed ten percent (10%) of each state fiscal year funding amount in this Contract. If the participant-centered supplies or assistance are not described within this Contract, Grantee will submit request, with justification to the [SubstanceAbuse.Contracts@hsc.state.tx.us](mailto:SubstanceAbuse.Contracts@hsc.state.tx.us) email box and receive written response before incurring costs.
  5. Each fiscal year, Grantee shall utilize one-time funds as follows:
    - a. \$350.00/per participant to obtain suitable housing, such as transitional housing, sober housing, or affordable housing. Assistance may include moving fees, rental deposits, or System Agency approved assistance. The total amount for one-time funds will not exceed \$3,500.00 for the period of this Contract.
    - b. \$150.00/per participant for utilities. One-time funds will not be utilized without assurance that utilities will be reinstated. The total amount of utility assistance will not exceed \$2,000.00 for the period of this Contract.
    - c. For transportation. This includes bus passes, rails, taxi, gas, etc., not to exceed \$3,000.00 per the period of this Contract.
    - d. One-time funds to obtain official documents such as Identification Cards and/or Birth Certificates for participants and their children, not to exceed \$100 per participant for one-time costs.
  6. Purchase of food, snacks, or beverages for consumption by participants during the psychoeducational support group session is allowed for psycho-educational support group activities to actively engage participants and be effective in these activities. The cost of snacks, food, or light meals will be reasonable.
  7. Funds will be used to assist appropriate participants on a case-by-case basis to meet short-term or one-time needs. Cash will not be given directly to a participant. Grantee will develop and maintain current written policies and procedures stating how the program will request assistance for a participant and how a request will be approved and tracked. Funds will not be used for assistance to a participant if other funding resources are available for the proposed purpose.

## **V. DATA REPORTING REQUIREMENTS**

Grantee will:

1. Meet all data reporting requirements as established by System Agency.
2. Document and report all specified recovery activities, and services in the System Agency Clinical Management for Behavioral Health Services (CMBHS) system as directed by System Agency in accordance with this Contract, unless otherwise noted.
3. Submit invoices and financial status reports (FSRs) through the CMBHS in accordance with this Contract, unless otherwise noted.

**VI. SUBMISSION SCHEDULE AND REPORTING REQUIREMENTS**

1. Grantee will submit all documents identified below to the designated substance abuse mailbox ([SubstanceAbuse.Contracts@hhsc.state.tx.us](mailto:SubstanceAbuse.Contracts@hhsc.state.tx.us)), unless otherwise noted, by the due dates specified by the System Agency.
2. All communication to the [SubstanceAbuse.Contracts@hhsc.state.tx.us](mailto:SubstanceAbuse.Contracts@hhsc.state.tx.us) mailbox must include Grantee's Contract Number, legal entity name, and purpose in the email subject line.
3. Grantee will submit Financial Status Reports (FSRs) in CMBHS by the last business day of the month following the end of each quarter of the contract term. (Final FSR due within 45 days after end of the Contract term.)
4. Grantee will submit Performance Measures in CMBHS by the 15<sup>th</sup> day of the month following the month being reported.
5. Grantee will submit a Quarterly Narrative Report, in System Agency provided format, by 15<sup>th</sup> day of the month following the end of each quarter.
6. Grantee will submit CMBHS Security Attestation Form bi-annually, according to dates set by the System Agency.
7. Grantee will submit closeout documents in an annual report due 45 day after the end of each state fiscal year of the Contract term.
8. Grantee's duty to submit required documents will survive the termination or expiration of this Contract.
9. System Agency, may require additional deliverable in accordance to federal and or state requirements.

Report Name	Due Date
Financial Status Report (FSR)	Last business day of the month following the end of each quarter of the Contract term.  <i>* Final FSR due within 45 days after the end of this fiscal term.</i>
Performance Measures	Due 15 <sup>th</sup> day of the of the month following the end of the prior month
Quarterly Narrative Report	Due 15 <sup>th</sup> day of the month following the end of each quarter of the Contract term.
Security Attestation Form and List of Authorized Users	Within 15 days of contract execution and March 15 <sup>th</sup>
Closeout documents	45 days after the end of each fiscal term.

\* If the Due Date is on a weekend or holiday, the Due Date is the next business day.

**ATTACHMENT A-1  
REVISED STATEMENT OF WORK SUPPLEMENTAL  
(REVISED JUNE 2021)**

**A. CONTRACT INFORMATION**

Vendor ID:	17527239937 000
Grantee Name:	Alcohol and Drug Abuse Council of Deep East Texas
Contract Number:	HHS000110400002
Contract Type	Intervention
Payment Method:	Cost Reimbursement
DUNS Number:	171428592
Federal Award Identification Number (FAIN)	B08TI083054-01
Solicitation Document:	Substance Use and Misuse Intervention Services for Pregnant and Parenting Intervention (PPI), Parenting Awareness & Drug Risk Education Services (PADREs) and Rural Border Intervention (RBI), RFA #HHS0001104, issued November 21, 2019.

**B. SERVICE AREA:**

Services or activities will be provided to participants and/or clients from the following counties: Angelina, Polk, Shelby, Nacogdoches, Sabine, Trinity, Houston, Newton, San Augustine, Tyler, Jasper, San Jancinto

Region: 5

**C. POPULATION SERVED:**

Parents, who are Texas residents, with the youngest child up to six years old; or expectant parents who have one or more risk factors for a substance use disorder as identified in the PADREs Screening.

**D. RENEWALS:**

No renewal options available for this Contract.

**E. CONTACT INFORMATION**

Name:	Marcellus K Crayton
Email:	marcellus.crayton02@hhs.texas.gov
Telephone:	512.206.5345
Address:	909 W 45 <sup>th</sup> Street, Bldg. 555 (MC 2058)
City/Zip:	Austin TX 78751

**F. PERFORMANCE MEASURES**

1. Grantee will report the performance measures monthly through CMBHS by the 15<sup>th</sup> of the following month for the previous month's activities.
2. Grantee's performance will be measured in part on the achievement of the key performance measures stated below.
3. The quarterly performance measures are set at the minimum required standard, and subject to change by System Agency.

<b><u>PADREs</u></b>	<b>Sept-Nov</b>	<b>Dec-Feb</b>	<b>Mar-May</b>	<b>Jun-Aug</b>	<b>TOTAL</b>
Number of community level events or presentations	3	3	3	3	12
Number of activities which are peer-led	6	6	6	6	24
Number of alternative activities hosted by program	1	1	1	1	4
Number of unduplicated, open cases for female participants who received services each month	100	100	100	100	400
Number of unduplicated, open cases for male participants who received services each month.	50	50	50	50	200

## **A. PERFORMANCE MEASURE DEFINITIONS AND REPORTING**

### **1. Number of Community-Level Events or Presentations.**

Number of events or presentations staff provides to the community - Activities directed toward finding high-risk or a specific population of individuals who might not use services due to lack of awareness or active avoidance of those services. To include health or resource fairs, presentations to clients at other programs or in the community and similar activities.

### **2. Number of activities which are peer-led.**

Number of activities which are peer-led by past participants, and/or an individual from the target population. This can include weekly supportive groups, events or other activities. These activities are mostly autonomous from PADRES staff, coordinated by peers or peer committee. These activities can take place before, after or on different days than educational groups in order to meet the needs of participants.

### **3. Number of alternative activities hosted by program.**

Alternative activities are group activities and events outside of educational group time. Alternative activities should be open to all eligible participants and their families for sober socialization, entertainment, artistic and creative expression, skill building and to foster a supportive community around the program. Examples are “Family Movie Night”, holiday parties for the participants, an arts and craft class for families, exercise or meditation courses, “Game Night”, special skill building topics, special outside instructors or speakers, book club or similar. Alternative Activities are hosted by the program and coordinated by PADRES staff. This is a separate from the peer-led activities but may include peers in the planning, hosting and coordination.

### **4. Number of unduplicated, open cases for female participants who received services each month.**

Number of open cases unduplicated female participants on a monthly basis. This is the number of unduplicated female participants on the caseload who received a service in this month. Do not count open clients who did not receive individual sessions with case manager or attend groups during reporting period.

### **5. Number of unduplicated, open cases for male participants who received services each month.**

Number of open cases unduplicated male participants on a monthly basis. This is the number of unduplicated male participants on the caseload who received a service in this month. Do not count open clients who did not receive individual sessions with case manager or attend groups during reporting period.

**B. REQUIRED PERFORMANCE OUTCOMES**

<b>Outcome Measures</b>	<b>Goal</b>
Percent of adult clients not arrested	90%
Percent of youth clients not arrested	90%
Percent of youth clients reporting reduced substance use	85%
Percent of adult clients reporting reduced substance use	85%
Percent of adult clients reporting abstinence	45%
Percent of youth clients reporting abstinence	45%
Percent of adult clients reporting stable housing	55%
Percent of youth clients reporting stable housing	55%
Percent of adult clients reporting active employment and/or enrollment in Education	60%
Percent of youth clients reporting active employment and/or enrollment in Education	60%
Percent of youth clients reporting satisfaction with PADRES services upon closure	80%
Percent of adult clients reporting satisfaction with PADRES services upon closure	80%

**1. Percent of adult clients not arrested**

**Denominator:** Total number of adult clients closed.

**Numerator:** Total number of adult clients closed reporting no arrests.

**Result:** Percentage of adult clients not arrested

**2. Percent of youth clients not arrested**

**Denominator:** Total number of youth clients closed.

**Numerator:** Total number of youth clients closed reporting no arrests.

**Result:** Percentage of youth clients not arrested

**3. Percent of youth clients reporting reduced substance use**

**Denominator:** Total number of youth clients closed.

**Numerator:** Total number of youth clients closed reporting reduced substance use.

**Result:** Percentage of youth clients reporting reduced substance use

**4. Percent of adult clients reporting reduced substance use**

**Denominator:** Total number of adult clients closed.

**Numerator:** Total number of adult clients closed reporting reduced substance use.

**Result:** Percentage of adult clients reporting reduced substance use

**5. Percent of adult clients reporting abstinence**

**Denominator:** Total number of adult clients closed.

**Numerator:** Total number of adult clients closed reporting abstinence.

**Result:** Percentage of adult clients reporting abstinence.

**6. Percent of youth clients reporting abstinence**

**Denominator:** Total number of youth clients closed.

**Numerator:** Total number of youth clients closed reporting abstinence.

**Result:** Percentage of youth clients reporting abstinence.

**7. Percent of adult clients reporting stable housing**

**Denominator:** Total number of adult clients closed.

**Numerator:** Total number of adult clients closed reporting stable housing.

**Result:** Percentage of adult clients reporting stable housing.

**8. Percent of youth clients reporting stable housing**

**Denominator:** Total number of youth clients closed.

**Numerator:** Total number of youth clients closed reporting stable housing.

**Result:** Percentage of youth clients reporting stable housing.

**9. Percent of adult clients reporting active employment and/or enrollment in education**

**Denominator:** Total number of adult clients closed.



**Numerator:** Total number of adult clients closed reporting active employment and/or enrollment in education.

**Result:** Percentage of adult clients reporting active employment and/or enrollment in education.

**10. Percent of youth clients reporting active employment and/or enrollment in education**

**Denominator:** Total number of youth clients closed.

**Numerator:** Total number of youth clients closed reporting active employment and/or enrollment in education.

**Result:** Percentage of youth clients reporting active employment and/or enrollment in education.

**11. Percent of youth clients reporting satisfaction with PADRES services upon closure**

**Denominator:** Total number of youth clients closed.

**Numerator:** Total number of youth clients closed reporting satisfaction with PADREs services

**Result:** Percent of youth clients reporting satisfaction with PADREs services upon closure

**12. Percent of adult clients reporting satisfaction with PADREs services upon closure**

**Denominator:** Total number of adult clients closed.

**Numerator:** Total number of adult clients closed reporting satisfaction with PADREs services

**Result:** Percent of adult clients reporting satisfaction with PADREs services upon closure