ATTACHMENT A: SCOPE OF GRANT PROJECT
PARENTING AWARENESS DRUG RISK EDUCATION SERVICES (PADRES)

I. PURPOSE AND GOALS

The Parenting Awareness Drug Risk Education Services (PADRES) program provides Community-Based Intervention services, brief Case Management, and Evidenced-Informed education to individuals who are Parents or expectant Parents to decrease the impact of Substance Use.

Grantee (as used throughout this document, a "Grantee" is a "Respondent" awarded a Grant Agreement under PADRES RFA HHS0012451) 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-Informed education.

II. TARGET POPULATION

Parents, who reside in the State of Texas, with the youngest child up to six (6) years old; or expectant Parents who have one (1) or more risk factors for a Substance Use Disorder as identified in the PADRES Screening.

III. GRANTEE RESPONSIBILITIES

A. ADMINSTRATIVE RESPONSIBILITIES

Grantee will:

1. Provide Parenting Awareness Drug Risk Education Services (PADRES) for at-risk Families.

2. Complete and return the Quarterly Narrative report by the 15th of the month following the end of each quarter. The Quarterly Narrative report template will be provided by the Health and Human Services Commission (HHSC) Program Subject Matter Expert (SME) in the first quarter of each state fiscal year.

3. Hire a minimum of three (3) PADRES Case Managers within 45 business days of Contract execution. Grantee shall maintain and employ a minimum of three (3) PADRES staff for the duration of the Contract. Grantee shall:
   a. Notify HHSC within 10 business days when any staff changes including separation occur; and
   b. Designate one (1) of the three (3) Case Managers as the Program Director, the Program Director will provide oversight authority.

4. Increase accessibility to Intervention services by maintaining locations, hours, and days of service that best meet the needs of the target population.

5. 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.

6. Document specified activities and services in HHSC Clinical Management for Behavioral Health Services (CMBHS) system in accordance with the Contract and instructions provided by HHSC, unless otherwise noted. CMBHS entry requires Grantee:
   a. Maintain all documents that require Participant or staff signature in the physical record for review by HHSC;
   b. Upload documentation that is handwritten and not transcribed into the CMBHS record; and
   c. Administer the PADRES Screening Tool in CMBHS as part of Participant identification, recruitment, and engagement when appropriate.

7. In addition to providing services at their own program site, provide services in external community organization sites serving the target population.

8. Provide access to services for Participants referred by the Texas Department of Family and Protective Services (DFPS) within three (3) business days.

9. Directly provide referral to Intervention services or another appropriate community program.

10. Provide services to expectant Parents and/or Parents who are concurrently admitted to Substance Use Disorder (SUD) treatment programs if the services are coordinated and sequenced to avoid duplication of service and assist in discharge from treatment setting.

11. Offer overdose Prevention education for Participants receiving Intervention services as indicated on the Participant's Assessment.

12. Offer tobacco cessation services for Participants receiving Intervention services as indicated on the Participant's Assessment.

13. Provide Community-Based visits, based on the needs of the Participant on a case-by-case basis.

14. Ensure transportation of Participants and their families and supervision of the Participants' children during activities, based on the needs of the Participant on a case-by-case basis.

15. Ensure at minimum the Program Director and/or designee attend all HHSC scheduled conference calls and virtual meetings.

16. 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 (6) months of the initial funded Fiscal Year and maintained throughout the Contract Term. The Grantee will maintain copies of the signed MOUs on file for HHSC to review upon request. MOUs, at minimum, shall include:

a. Purpose;
b. Goals and desired outcomes of partnership;
c. Referral process, coordination of services, and sharing of information;
d. Address the non-duplication of services;
e. Be reviewed annually or at expiration; and
f. Signed, individualized, and will contain beginning and end dates.

17. 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 the languages of the target populations;
    c. Use of interpreters as needed or required; and
    d. Lobby and office environment welcoming to the target population.

18. Develop and submit a Behavioral Health Disparities Impact Statement no later than 60 calendar days after Contract execution. At a minimum, the impact statement(s) should address how program has identified the subpopulation and will provide service to those populations, including who are marginalized or stigmatized in the service area which may experience greater barriers to behavioral health services. Grantee shall submit any revisions to the behavioral health disparities impact statement within 60 calendar days after each new Fiscal Year begins.

19. Develop and maintain written policies and procedures for the following:
    a. Participant safety with employees, contracted labor, and volunteers who work directly or indirectly with Participants;
    b. Criminal and employment background checks and pre-employment drug testing of Grantee's staff who will deliver direct services;
    c. The definition of Participant engagement and circumstances under which the Participant's case would be opened and closed;
    d. Participant safety to ensure all activities with Participants, Family members, and supportive allies are conducted in a respectful, non-threatening, non-judgmental, and confidential manner; and
    e. Make available policies and procedures upon HHSC request.

20. Have a webpage on Grantee's website that includes PADRES services offered and current contact information specific to the program. Grantee will adhere to HHSC Branding and any electronic accessibility requirements.

21. 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, harm reduction education and tools;
    b. Reproductive health education and materials;
    c. Family violence and safety materials; and
    d. Hygiene kits for the target population.

22. Ensure harm and risk-reduction information, methods, and tools are used by educators with the target populations.

23. Ensure all educators under this Contract have the tools and materials available during education activities for demonstration and distribution to Participants.

B. PARENTING AWARENESS 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 HHSC 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, childcare, and housing;
   f. Education (including GED) and employment; and
   g. Any needs of the Participant's children (such as safety and health items).

2. For PADRES, develop and document a service plan in collaboration with the Participant based on the needs identified in Participant's Assessment.

3. Provide a minimum of **4 hours** per employee, per week, of drop-in time where Participants can present without appointment with needs including information and referrals as needed.

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 tests and education regarding high-risk sexual behavior in outreach activities.

7. Provide Participants with 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 drugs; and
   f. Communicable disease.

8. Provide evidenced-informed parenting education at minimum to cover the following: Substance Use, misuse, and risky use; and medication management and the effects on the Family.

9. Provide Participants with certificates for completing Evidence-Informed parenting education. Evidence-Informed curricula will be created and/or selected by the Grantee. For examples of Evidence-Informed practices, Grantee may view at the following:
   U.S. HHS, SAMHSA website: https://www.samhsa.gov/resource-search/ebp
   Or What Works Clearinghouse: https://ies.ed.gov/ncee/wwc/

10. Ensure group education curriculum, schedule, and number of sessions required for completion is adaptive to the individual to allow completion of the course. Participation in group education is not a requirement for remaining open to services.

11. Ensure group education and Case Management may be provided in person, through video conference, or a combination of both.

12. Ensure group education does not require a minimum number of topics or hours of group attendance. Program should be adaptive to Participants needs as identified in the Screening and documented in the service plan.

13. Ensure Participants who are not suitable for group sessions or who elect to not attend groups are given the opportunity to complete the education topics or a similar curriculum via self-paced with their case manager. Participants will complete a pre- and post-test and will receive credit for completion of parenting education course work.

14. Ensure case manager meets or follows up with Participants assigned to caseload on a weekly or as needed basis.

15. Ensure PADRES staff is at minimum participating in one Community-Based event per month to promote services. This may include presentations to groups of Participants or staff at other programs, participation in resource or health fairs, other events hosted by PADRES to promote services to eligible individuals who are not currently open to services. This does not include one on one meetings with other program staff or Participants in the community, peer-led supportive groups, or alternative activities.

16. Conduct alternative activities to promote healthy lifestyles 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 $250.00 has written prior approval from HHSC Program SME and assigned Contract Manager.

18. Provide an 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:
    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);
    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 (after delivery) in CMBHS; and
    k. Administrative Note to document any other activities.

20. Provide or arrange and advocate for 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 childcare;
    d. Substance Use services;
    e. Mental health counseling;
    f. Legal counseling;
    g. Rehabilitative services;
    h. Child welfare and family services;
    i. Housing; and
    j. Support groups.

21. Document all educational opportunities provided to Participants. At minimum document the following for each educational opportunity: date; time; location; setting; duration; name of person performing educational opportunity; and number of individuals participating, including at minimum Adult/Youth and gender. Maintain documents for HHSC review.

IV. STAFFING AND STAFF COMPETENCIES

Grantee will:

A. Hire and ensure the competence of the person overseeing PADRES staff and programmatic activities on a day-to-day basis, for the purposes of this Contract to be known as a Program Director. The Program Director shall allocate fifty (50) percent of his or her time to providing PADRES direct care to meet program measures. This is a time approximation based on self-reporting in the Quarterly Narrative, CMBHS entry and other Client documentation. The Program Director must coordinate with HHSC Program SME

requesting technical assistance if this requirement cannot be met. Ensure the Program Director meets the following requirements:

1. Degree in a behavioral health field of study; or
2. Have a minimum of two (2) years of experience in one or more of the following:
   a. Substance Use Outreach;
   b. Substance Use Intervention; and/or
   c. Substance Use treatment.
3. Have a minimum of one (1) year of experience in at least two (2) of the following:
   a. Working with pregnant substance-using populations;
   b. Working with individuals experiencing housing instability;
   c. Working with individuals with Substance Use Disorders (SUD), HIV/STDs, and/or behavioral health issues;
   d. Community health work; or
   e. Supervisory experience.

B. Ensure staff conducting PADRES programmatic services will meet **one** of the following minimum qualifications:
   1. Two (2) years' experience in behavioral health field of study including Substance Use Disorders; or
   2. Associate degree in a behavioral health field of study; or
   3. Qualified Credentialed Counselor (QCC); or
   4. Licensed Chemical Dependency Counselor (LCDC) Intern, or Licensed Professional Counselor (LPC) Associate, Certified Criminal Justice Addiction Professionals-Applicant (CCJP-A), Licensed Marriage and Family Therapist Associate (LMFTA) are supervised according to the specific licensing board. If a similar license or certification is held by staff, then HHSC written approval is required.

C. If needed, ensure that Grantee may substitute required training with similar courses upon written approval by HHSC Program SME and Contract Manager.

D. Ensure all staff receive a minimum of ten (10) hours of training during each state fiscal year, on any of the combinations of topics listed below. The training can be completed by using any type of medium outlet at the discretion of the Grantee. Maintain documentation on all training and make available for HHSC review upon request. The types of trainings Grantee may attend are: https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/substance-use-disorder-service-providers:
   1. Stages of Change;
   2. Motivational Interviewing (MI) techniques;
   3. Cultural competency;
   4. Health literacy;
   5. Risk- and harm-reduction strategies;
   6. Trauma Informed Care;
   7. Role related skills, Community Outreach, Case Management, Patient Navigation/Linkage, etc.;
   8. Parenting and/or pregnancy;
   9. Overdose Prevention education;

10. Tobacco cessation education;
11. Ethics;
12. Education on Substance Use and/or Substances;
13. Other topics not listed with written approval from HHSC Program SME; and
14. Other topics or training as directed by HHSC.

E. Maintain documentation on all training and make available for HHSC review upon request.

V. FINANCIAL ASSISTANCE

Grantee will:

A. Ensure the total cost of financial assistance to Participants will not exceed five percent (5%) of each state fiscal year total funding amount in awarded Contract.

B. Ensure financial assistance will not exceed $250.00 per individual per fiscal term to help eligible individuals when accessing services. Financial assistance may include:
   1. Transportation to appointments;
   2. Prescriptions or medicines;
   3. Vision or hearing needs;
   4. Clothing or personal hygiene items;
   5. Employment or educational needs;
   6. Suitable housing, such as transitional housing, recovery housing, or affordable housing; and,
   7. Other needs not listed that improve the individual's quality of life or ability to successfully engage in services are required to have written approval from HHSC Program SME and Contract Manager.

C. Ensure that financial assistance exceeding the individual limits as stated in item B receive written approval by HHSC Program SME and assigned Contract Manager. Grantee will submit request, with justification to the assigned HHSC Program SME and assigned Contract Manager and receive written response before incurring costs.

D. Adhere to the requirement that direct cash payment to individuals are not allowed.

E. Maintain and document all financial assistance, and it will be summarized in the Quarterly Narrative. HHSC may request documentation to support the financial assistance, and Grantee will make available upon request. At minimum documentation shall include:
   1. Date provided;
   2. Dollar amount;
   3. Item purchased; and
   4. Client identifier (examples: driver's license, Clinical Management for Behavioral Health Services (CMBHS) Client number, first name and last initial).

VI. QUALITY MANAGEMENT REQUIREMENTS

A. Grantee shall provide quality management and oversight for all subcontractors performing activities required within the awarded Contract. Grantee shall:
   1. Participate in continuous quality improvement (CQI) activities as defined and scheduled by HHSC including, but not limited to, data verification, performing self-reviews, submitting self-review results, submitting supporting documentation for HHSC's desk reviews, and participating in HHSC's onsite or desk reviews.
   2. For sub-contractors underperforming or noncompliant because of monitoring, HHSC shall request a corrective action plan and supporting documentation from Grantee. HHSC shall provide written notification when the corrective action plan is approved. Grantee shall ensure the approved corrective action plan is implemented by thirty (30) calendar days from the date approved.
   3. Participate in and actively pursue CQI activities that support performance and outcomes improvement.
   4. HHSC shall advise Grantee on identified training and/or improvements needed to perform the required activities for all subcontractors. Grantee shall ensure all required staff participate in HHSC required training.
   5. Monitor all subcontractors' financial and programmatic performance and maintain pertinent records that must be made available for inspection by HHSC upon request.

B. Grantee shall develop a quarterly review schedule and submit a quarterly report by the Due Date documented in **Section IX** of this statement of grant practice. The report shall document the quality management (QM) activities performed in the period being reported. At a minimum, the report should include the following:
   1. Date of review;
   2. Name of subcontractor;
   3. Unique Provider Identifier for the review;
   4. Type of review;
   5. Name of staff conducted review;
   6. List of findings;
   7. Number of monitoring reviews conducted;
   8. Types of monitoring reviews conducted;
   9. Summary evaluation of findings and Grantee plan of oversight to bring the subcontractors into compliance;
   10. Number and nature of complaints received on sub-contractor; and
   11. List of significant subcontractor findings that must, at a minimum, include the following:
      a. Immediate risk to health or safety;
      b. Patient abuse, neglect, or exploitation;
      c. Fraud, waste, or abuse reports; and
      d. Report criminal activity of any subcontractor staff.

C. Grantee shall develop and utilize a QM monitoring tool that shall be completed to document all quality reviews. All completed reviews, with corrective actions documentation, if applicable, shall be stored and made available to HHSC, upon request.

D. Grantee shall monitor all subcontracts to ensure compliance. The required Quality Management Quarterly Report shall include activities to support the quality management activities for this project.

VII. FISCAL REQUIREMENTS

Grantee will ensure compliance with the following fiscal requirements:

A. Compliance with requirements for the services from this procurement funded from the United States Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Substance Abuse Prevention Treatment Grant (SABG), Assistance Listing Number 93.959.

B. Compliance with the Code of Federal Regulations (CFR), 45 CFR Part 96, Subpart C, as applicable.

C. Compliance with the following Grant requirements, located at HHSC's website, https://hhs.texas.gov/doing-business-hhs/grants:
   1. 2 CFR 200;
   2. Federal Uniform Grant Guidance;
   3. Grant Technical Assistance Guide; and
   4. Texas Grant Management Standards (TxGMS).

D. The SABG, Assistance Listing Number 93.959 requires Grantee to contribute to a five percent (5%) match requirement of the total Contract allocation.

E. Submit monthly invoices for the previous month's activities the in CMBHS system. All invoices are due by the deadline documented in **Item N** under **Section IX**. Deliverables and Reporting Requirements.

F. Submit quarterly Financial Status Report (FSR) in the CMBHS system and organizations General Ledger Documentation in Globalscape EFT to support the FSR.

G. Each state fiscal year of the Contract Term, HHSC shall request the cost reimbursement budget on the HHSC template, and HHSC approval is required before funds can be utilized for services.

VIII. DATA REPORTING REQUIREMENTS

Grantee will:

A. Meet all data reporting requirements as established by HHSC.

B. Document and report all specified recovery activities and services in the HHSC CMBHS system as directed by HHSC in accordance with this Contract, unless otherwise noted.

C. Submit invoices and financial status reports (FSRs) through the CMBHS in accordance with this Contract, unless otherwise noted.

IX. SUBMISSION SCHEDULE AND REPORTING REQUIREMENTS

A. Grantee will submit all documents identified below to the HHSC by the applicable Due Date outlined below. The following reports must be submitted to HHSC through Globalscape EFT (https://sftp.hhs.texas.gov/) or CMBHS system using the report name described in the Submission Requirements Table below.

B. All reporting communications should include Grantee's Contract Number, legal entity name, and purpose in the email subject line.

C. Grantee will submit CMBHS Security Attestation Form biannually, according to dates set by the HHSC.

D. Grantee will submit the Behavioral Health Disparities Impact Statement within 60 days of Contract execution and annually within 60 days of each new Fiscal Year.

E. Grantee will submit Monthly Invoices in CMBHS by the 15th day of the month following the month being reported.

F. Grantee will submit Performance Measures in CMBHS by the 15th day of the month following the month being reported.

G. 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. (Quarter four FSR due within 45 days after end of each fourth quarter of the Contract Term.)

H. Grantee will submit General Ledger Documentation by the last business day of the month following the end of each quarter of the Contract Term. (Quarter four submission due within 45 days after end of each fourth quarter of the Contract Term.)

I. Grantee will submit a Quarterly Narrative by the 15th of the month following the end of each quarter.

J. Grantee will submit a Quality Management Quarterly Report by the 15th of the month following the end of each quarter.

K. Grantee will submit a Fiscal Year budget by June 1st for the next state fiscal year allocation. The budget must be approved expenditures for the new fiscal term can begin.

L. Grantee will submit closeout documents in an annual report due 45 days after the end of each state fiscal year of the Contract Term.

M. Grantee's duty to submit required documents will survive the termination or expiration of this Contract.

N. HHSC may require additional deliverable in accordance with federal and/or state requirements. The Deliverables and Reporting Requirements are listed below:

Report Name	**Due Date***	**Transmission Method**
Security Attestation Form and List of Authorized Users	September 15 and March 15th	Globalscape EFT
Behavioral Health Disparities Impact Statement	Due within 60 days of Contract execution and annually within 60 days of each new Fiscal Year	Globalscape EFT
Monthly Invoicing	Due 15th day of the of the month following the end of the prior month	CMBHS
Performance Measures	Due 15th day of the of the month following the end of the prior month	CMBHS
Financial Status Report (FSR)	Last business day of the month following the end of each quarter of the Contract Term Q1: December 31 Q2: March 31 Q3: June 30 Q4: October 15**	CMBHS
General Ledger Documentation	Last business day of the month following the end of each quarter of the Contract Term Q1: December 31 Q2: March 31 Q3: June 30 Q4: October 15**	Globalscape EFT
Quarterly Narrative	Due 15th day of the month following the end of each quarter of the Contract Term Q1: December 15 Q2: March 15 Q3: June 15 Q4: September 15	Globalscape EFT

Quality Management Quarterly Report	Due 15th day of the month following the end of each quarter of the Contract Term Q1: December 15 Q2: March 15 Q3: June 15 Q4: September 15	Globalscape EFT
Budgets for Fiscal Years 2025, 2026, 2027, and 2028	June 1st Report future Fiscal Year Budget	Globalscape EFT
Closeout documents	45 days after the end of each fiscal term	Globalscape EFT

* If the Due Date is on a weekend or holiday, the Due Date is the next business day.
** For Financial Status Report and General Ledger Documentation Q4 reports are due October 15.

O. PERFORMANCE MEASURES

1. Grantee will report performance measures monthly through CMBHS by the 15th 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 HHSC:

PADRES	**Sept-Nov**	**Dec-Feb**	**Mar-May**	**Jun-Aug**	**TOTAL**
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**

P. PERFORMANCE MEASURE DEFINITIONS AND REPORTING

The performance measure definitions and reporting requirements are listed as follows:

1. Number of community level events or presentations

Number of events or presentations staff provide to the community directed toward finding the population served under this Contract who are not receiving services. Community activities may include health or resource fairs, presentations to Participants 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 population served. Activities 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 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 include but not limited to: "Family Movie Night"; holiday parties for the Participants; arts and crafts classes for families; exercise or meditation courses; "Game Night" skill building topics; outside instructors or speakers; and book club etc. Alternative activities are hosted by the program and coordinated by PADRES staff. This is separate from 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 unduplicated, open cases of female Participants who receive services each month. This is the number of unduplicated female Participants on a caseload who received a service during the month. Do not count open Participants, who did not receive individual sessions with a case manager or attend groups during the reporting period.

5. Number of unduplicated, open cases for male Participants who received services each month

Number of unduplicated, open cases of male Participants who receive services each month. This is the number of unduplicated male Participants on a caseload who received a service during the month. Do not count open Participants, who did not receive individual sessions, a case manager, or attend groups during the reporting period.

Q. REQUIRED OUTCOME MEASURES

HHSC requires Grantee to meet the following outcome measures:

Outcome Measures	Goal
Percent of Adult Participants not arrested	90%
Percent of Youth Participants not arrested	90%
Percent of Youth Participants reporting reduced Substance Use	85%
Percent of Adult Participants reporting reduced Substance Use	85%
Percent of Adult Participants reporting abstinence	45%
Percent of Youth Participants reporting abstinence	45%
Percent of Adult Participants reporting stable housing	55%
Percent of Youth Participants reporting stable housing	55%
Percent of Adult Participants reporting active employment and/or enrollment in education	60%
Percent of Youth Participants reporting active employment and/or enrollment in education	60%
Percent of Youth Participants reporting satisfaction with PADRES services upon closure	80%
Percent of Adult Participants reporting satisfaction with PADRES services upon closure	80%

R. OUTCOME MEASURES REPORTING

The outcome measures documented in **Section Q** shall be reported as follows:

1. **Percent of Adult Participants not arrested**

   Numerator: Total number of Adult Participants closed reporting no arrests

   Denominator: Total number of Adult Participants closed

   Result: Percentage of Adult Participants not arrested

2. **Percent of Youth Participants not arrested**

   Numerator: Total number of Youth Participants closed reporting no arrests

   Denominator: Total number of Youth Participants closed

   Result: Percentage of Youth Participants not arrested

3. **Percent of Youth Participants reporting reduced Substance Use**

   Numerator: Total number of Youth Participants closed reporting reduced Substance Use

   Denominator: Total number of Youth Participants closed

   Result: Percentage of Youth Participants reporting reduced Substance Use

4. **Percent of Adult Participants reporting reduced Substance Use**

Numerator: Total number of Adult Participants closed reporting reduced Substance Use
Denominator: Total number of Adult Participants closed
Result: Percentage of Adult Participants reporting reduced Substance Use

5. **Percent of Adult Participants reporting abstinence**
   Numerator: Total number of Adult Participants closed reporting abstinence
   Denominator: Total number of Adult Participants closed
   Result: Percentage of Adult Participants reporting abstinence

6. **Percent of Youth Participants reporting abstinence**
   Numerator: Total number of Youth Participants closed reporting abstinence
   Denominator: Total number of Youth Participants closed
   Result: Percentage of Youth Participants reporting abstinence

7. **Percent of Adult Participants reporting stable housing**
   Numerator: Total number of Adult Participants closed reporting stable housing
   Denominator: Total number of Adult Participants closed
   Result: Percentage of Adult Participants reporting stable housing

8. **Percent of Youth Participants reporting stable housing**
   Numerator: Total number of Youth Participants closed reporting stable housing
   Denominator: Total number of Youth Participants closed
   Result: Percentage of Youth Participants reporting stable housing

9. **Percent of Adult Participants reporting active employment and/or enrollment in education**
   Numerator: Total number of Adult Participants closed reporting active employment and/or enrollment in education
   Denominator: Total number of Adult Participants closed
   Result: Percentage of Adult Participants reporting active employment and/or enrollment in education

10. **Percent of Youth Participants reporting active employment and/or enrollment in education**

    Numerator: Total number of Youth Participants closed reporting active employment and/or enrollment in education

    Denominator: Total number of Youth Participants closed

    Result: Percentage of Youth Participants reporting active employment and/or enrollment in education

11. **Percent of Youth Participants reporting satisfaction with PADRES services upon closure**

    Numerator: Total number of Youth Participants closed reporting satisfaction with PADRES services

    Denominator: Total number of Youth Participants closed

    Result: Percent of Youth Participants reporting satisfaction with PADRES services upon closure

12. **Percent of Adult Participants reporting satisfaction with PADRES services upon closure**

    Numerator: Total number of Adult Participants closed reporting satisfaction with PADRES services

    Denominator: Total number of Adult Participants closed

    Result: Percent of Adult Participants reporting satisfaction with PADRES services upon closure