

Exhibit 9

**Guidelines for Submitting Program Report:
Quarterly & Annual Report
(Exhibit PA-7)**

Exhibit PA-7

Office of Maternal and Child Health Guidelines for Submitting Program Reports (effective July '97)

Introduction

The Office of Maternal and Child Health (MCH) contracts with many agencies in order to provide a broad range of services to help meet the needs of women, infants and children in Philadelphia. MCH requires quarterly and annual reports to monitor program progress and quality, and to aid in planning for new initiatives. **The work plan that you prepared in collaboration with MCH staff serves as a guide for conducting your activities and preparing your reports.** Each report summarizes the activities and participation related to goals and objectives stated in the program work plans. The annual report is more comprehensive, providing more detailed background and a final review of progress in meeting program goals and objectives.

1. **Due Dates and Submission for Healthy Start Contracts (See attached schedule for required reporting)**

A. PDPH Reports

1. Quarterly Reports for the federal fiscal year are as follows:

Agencies must submit reports at three month intervals:

First Quarter Report (October - December, due January 30, 1998)

Second Quarter Report (January - March, due April 30, 1998)

Third Quarter Report (April - June, due July 31, 1998)

Fourth Quarter Report (July - September, due October 31, 1998)

The following information should be included in each report as is stated in each provider's work statement. The quantitative and qualitative information should be reported in two distinctly separate sections:

a. Quantitative Information (See attached Tables for Client/Service Data (1) and Race/Ethnicity/Age (2))

- total number of active clients
- total number of new clients enrolled each period
- total number of services performed each period
- total number of referrals to Healthy Start agencies
- total number of referrals to non-Healthy Start agencies

b. Qualitative Information

- discuss accomplishments
- discuss barriers
- list strategies to address barriers
- anecdotal information (if available, include a story about an individual client)

2. Annual Reports

All agencies must submit an annual report with the fourth quarter report (due October 30, 1998). Included with the annual totals are quantitative and qualitative information as listed above.

Site visits will be made twice a year (during 1st and 3rd quarters) by Program Analysts who will analyze the visits in written reports.

B. National Healthy Start Required Reports

1. Aggregate Data Report

All agencies must submit aggregate data reports with their second quarter and annual report. (See attached Aggregate Data forms A-F for services to pregnant women).

2. Individual Client Data

All Healthy Start Providers must submit individual client level or group event data (electronically or by paper every quarter, due thirty days from the end of the quarter) which will be compiled by the Office of Maternal and Child Health and submitted to the national office of Healthy Start.

- a. Minimum Data Set (MDS) data will be collected from programs identified as "MDS" (primarily clinical sites).
- b. Registration, Maternal Risk and Encounter Forms All agencies that are **not** a part of the MDS must submit these forms on a quarterly basis. Data elements include: registration, maternal risk, and individual encounter information.

3. Group Encounter Data

All sites must submit group encounter forms on a quarterly basis, if applicable.

II. Address reports to:

**Susan Lieberman, Director
Maternal and Child Health
500 South Broad Street
Philadelphia PA 19146**

III. MCH will not send reminders in advance of report due dates.

IV. Quarterly reports for the City's fiscal year are as follows (Title V funded programs):

First

Months covered: July, August, September

Date required information is due: October 31, 1997

Second

Months covered: October, November, December

Date required information is due: January 31, 1998

Third

Months covered: January, February, March

Date required information is due: April 30, 1998

Fourth

Months covered: April, May, June

Date required information is due: July 31, 1998

V. MCH Distribution and Review

- A. The MCH Director's office will log receipt of the reports and distribute copies of the reports to the assigned MCH program staff, evaluation manager and other MCH staff for review.
- B. The report is reviewed by MCH staff within 4 weeks of receipt. The contract agency will receive either written or oral acknowledgement of receipt and feedback on the report from the assigned program staff.

VI. Healthy Start Report Format

Section 1: . Activities and Participation - (QUANTITATIVE INFORMATION)

This section is for statistics, not narrative. List your goals and objectives as they appear in your programs work statement. Under each one show the # of unduplicated clients served, and services provided, during this period. Also, if there has been a change in your goals and/or objectives during this period mention it in this section.

Example:

Goal 1: Two hundred (200) women will be enrolled in counseling sessions.

Women enrolled this period: 102

Number of services: 306 (*each woman attended 3 sessions)

Goal 2: Provide parenting classes to 100 parenting- or pregnant women.

Women attending classes this period: 43

Number of services: 289 (*30 women attended 5 classes; 13 women attended 3 classes)

*Note: it is not necessary to include your computations with your service units, This is here strictly as an example of how the numbers were calculated.)

Goal 3: Set up information tables at 5 health fairs and community sponsored events.

Tables were set up at 5 Health fairs at the following locations:

1. Location A - distributed 650 flyers
2. Location B - distributed 324 flyers
3. Location C - distributed 1,000 flyers

Section II: Accomplishments and Barriers - (QUALITATIVE INFORMATION)

This is the narrative section. Please refer back to your goals in Section I and describe the accomplishments and barriers you have experienced during this period. The narrative section is extremely important to us. Our programs are doing so much that we hear about when we call you or visit the program so we are aware that frequently all of your accomplishments are not mentioned in the Reports. Section 11 is your opportunity to brag. It is also your opportunity to tell us, honestly, about problems you've had or are presently having. Sometimes when we hear about a problem we know of another program that has had a similar experience and we can put you in touch with each other.

Section III: Data Tables

The information you give us in your data tables is very important and is included in our National reports. Please be certain that you fill out the (1) client data tables and (2) the aggregate data reports accurately and send them with your report. (Copies attached.)

Again, the information we receive in these reports, and send to the Federal government, will play an important role in whether or not Healthy Start receives funding for an additional year. Please follow the format outlined above and be certain that your report is in this office no later than March 22, 1996. If you have any problems or questions feel free to contact your Pro-gram Analyst and request assistance.

HEALTHY START REPORT SUBMISSION SCHEDULE

PDPH Reports	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Annual
Quarterly Report	X	X	X	X	
Annual Report					X
National HS Reports					
Aggregate Data Reports		X			X
MDS - Individual Client Data (Paper or Electronic)	X	X	X	X	
Registration, Maternal Risk And/or Individual Encounter Forms	X	X	X	X	
Group Encounter Forms	X	X	X	X	

TABLE 1

Client/Service Data

Total number of active clients	
Total number of new clients enrolled in the reporting period	
Total number of services provided in the reporting period	
Total number of referrals to Healthy Start agencies in the reporting period	
Total number of referrals to non-Healthy Start agencies in the reporting period	

HEALTHY START CONTINUATION APPLICATION

ATTACHMENT F

Program's Name _____

**REPORT A: CHARACTERISTICS OF PREGNANT WOMEN
PARTICIPATING IN HEALTHY START**

**Philadelphia Healthy Start Initiative
DATA REQUESTED**

**UNDUPLICATED COUNT
Annual
Sixth Month (Cumulative)**

No. of Pregnant Women participating during Reporting Period		
Number of Pregnant Women Who Are:		
• Under age 15		
• Age 15-17		
• Aged 18-19		
Number of Pregnant Women by Race:		
• Afro-American		
• White		
• Asian/Pacific Islander		
• Native American, Aleutian, or Eskimo		
Ethnicity:		
• Hispanic		
Number of Pregnant Women with Incomes:		
• Below 100 percent of the federal poverty level		
• Between 100-185 percent of the federal poverty level		
Number of Pregnant Women Who Were Influenced by Healthy Start Outreach Activities Prior to Becoming a Participant		
Number Of Pregnant Women Who are Medicaid Recipients		
Number Of Pregnant Women Showing Evidence Of:		
• Drug Use		
• Alcohol Use		
• Smoking		
• HIV disease		
• STD		

TIME PERIOD USED FOR THIS REPORT: ____ 199_ TO , 199 F1

REPORT B: UTILIZATION OF PRENATAL AND POSTPARTUM SERVICES BY PREGNANT WOMEN PARTICIPATING IN HEALTHY START

Philadelphia Healthy Start Initiative DATA REQUESTED	UNDUPLICATED COUNT	
	Sixth Month	Annual (cumulative)

Number of Pregnant Women Who Enter Healthy Start:		
• During first trimester		
• During second trimester		
• During third trimester		
Number of Participants Receiving No Prenatal Care		
Number Receiving Adequate Prenatal Care (as determined with the Kessner or similar index)		
Number of Women whose Primary Prenatal Provider is:		
• Hospital clinic		
• Health Department Clinic		
• Federally-funded community, migrant, or homeless health center		
• Other community clinic		
• Private physicians		
• Hospital emergency room		
Number of Women Making Post-Partum Visit within Six Weeks of the End of Pregnancy		
Number of Post-Partum Women Showing Evidence of:		
• Drug use		
• Alcohol use		
• Smoking		
• STD's		
• HIV/AIDS		
• Anemia		
• Diabetes		
• Hypertension		
• Tuberculosis		

TIME PERIOD USED FOR THIS REPORT: , 199 TO , 199 F1

REPORT B: UTILIZATION OF PRENATAL AND POSTPARTUM

**SERVICES BY PREGNANT WOMEN PARTICIPATING
IN HEALTHY START**

Philadelphia Healthy Start Initiative DATA REQUESTED	UNDUPLICATED COUNT	
	Sixth Month	Annual (cumulative)

• Inadequate housing		
• Problems with bonding with infant		
• Domestic violence		
• Lack of family support		
Women Receiving Post-Partum Family Planning Services		

Note: Shaded areas indicate data to be reported only on an annual basis.

TIME PERIOD USED FOR THIS REPORT: ,199 TO ,199 F1

REPORT C: CHARACTERISTICS OF BIRTHS TO HEALTHY START PARTICIPANTS

Philadelphia Healthy Start Initiative DATA REQUESTED	UNDUPLICATED COUNT	
	Sixth Month	Annual (Cumulative)
Number of Deliveries/Birth during the Reporting Period		
Number Preterm (<37 weeks gestation)		
Birth which are:		
• Low birth weight (<2500 grams)		
• Very low birth weight (1500 grams)		
Birth with:		
• Congenital anomalies		
• Abnormal conditions of newborn		
• Evidence of prenatal exposure to drugs		
• Evidence of prenatal exposure to alcohol		
• Evidence of prenatal exposure to STD		
• Evidence of prenatal exposure to HIV		
Note: Shaded areas indicate data to be reported only on an annual basis.		

TIME PERIOD USED FOR THIS REPORT: , 199 TO , 199 F1

REPORT D: INFANT HEALTH STATUS

**Philadelphia Healthy Start Initiative
DATA REQUESTED**

UNDUPLICATED COUNT

**Sixth Month Annual
(cumulative)**

Infants Receiving more than one Pediatric Care Visit during Reporting Period		
Infants Obtaining Well-child Visit 2-4 Weeks after Birth		
Infants whose Primary Pediatric Provider is:		
• Hospital clinic		
• Health Department clinic		
• Federally-funded community, migrant, or homeless health center clinic		
• Other community clinic		
• Private physicians		
• Hospital emergency room		
Infants Receiving at Least the AAP Prescribed Schedule of Visits		
Infants Assessed at age one (reported only after the first year of Healthy Start operations)		
Infants within Acceptable Standards at age one for:		
• Height		
• Weight		
• Head circumference		
• Developmental skills		
• Hearing & vision		
• Immunizations		
Infants Hospitalized prior to first Birthday.		
Infant Deaths during Reporting Period:		
Within 28 days of birth		
After 28 days of birth		

Note: Shaded areas indicate data to be reported only on an annual basis

TIME PERIOD USED FOR THIS REPORT: ,199 TO ,199 F1